

OFFICE OF THE ASSOC VICE PRESIDENT FOR ACADEMIC AFFAIRS
OU Tulsa Campus

Petition for Scheduling Exception

The Department/School of _____ requests permission for schedule exceptions in

CRN Prefix Number Section Course Title Semester

Assigned Instructor:

Provide detailed explanation for exception request:

Please attach the Class roll as of the date of this request.

Originator/Contact Person:

Name

Telephone Number

How will students enrolled in this course be notified of the schedule exception?

How will students enrolled in this course be accommodated for an alternate enrollment possibility if the newly-scheduled time creates a conflict for them?

Who is the responsible party for insuring that these students are notified and accommodated in a timely way?

APPROVED:

Chair/Director Date
Of Department/School

Asst Vice President Date
Academic Affairs, OU Tulsa

Dean Date