

## REQUEST FOR VARIANCE IN STANDARD CLASS SCHEDULE

Use this form to request a non-standard and non-preferred class schedule for lecture/seminar/discussion courses and to request lab/studio/practicum/lab-lecture courses to start or end on non-standard times. It is not necessary to request a variance if using a preferred class schedule time.

REQUESTO	OR'S NAME									
REQUESTOR'S EMAIL					PHONE					
ACADEMI	C DEPARTMEN	г/Progr <i>A</i>	M							
Course								-	Proje	CTED
CRN Prefix		Number Section		Semester			ENROLLMENT			
	Course Title									
REQUESTED SCHEDULE		Days		Start Time	AM/	PM	nd Time	_ AM/	PM	
REQUESTED LOCATION		Building and Roo		n		Centrally Controlled		Non-Centrally Controlled		
Course Frequency			Annual		<b>Every Semester</b>		Less than C		Ince a Year	
REQUESTED VARIANCE MATCHES STANDARD IN			Start Time		End Time		Neith	ner		
NUMBER OF DAYS PER WEEK			One	Tv	vo	Three	Oth	ier:	_ Days	
Mode of	DELIVERY		TRAD	SY	/NC	BLDS	BL	DW		
	OR PETITION:									
Chair/Dire	ctor of School/I	Departmen	t I	Date	Senior Vic	e Preside	nt & Provo	st		Date
Dean			Ι	Date	Registrar					Date