

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Class Schedule Exception Request Form AB-X

Term: _____ Year: _____
 Department Contact: _____
 Requesting Department: _____

- Use this form when requesting off-grid meeting patterns, a non-standard part of term, shared space, courses to be cross-taught, or special section approval.
- Standard meeting patterns, time grid, instructional minutes, and course categories are defined in University's class schedule [policy 1C1](#).
- To ensure timely processing of your form please collect all necessary signatures and submit directly to the Provost's Office.
- For assistance or questions, contact Academic Scheduling at academicscheduling@siue.edu

Exception Request:

- **Shared Space:** Requesting two different courses that meet in the same time and place to share resources.
- **Meeting Pattern:** Requesting deviation from the on-grid days and times as determined by [policy 1C1](#).
- **Part of Term:** Request to use a non-standard part of term.
- **Instructional Minutes:** Request to have more or less than necessary instructional minutes.
- **Special Section Request:** Request to have consent added to a specific section or to reserve a section for a specific population.
- **Cross Taught (3-Years Max):** Request to have a -400 & -500 course taught at the same time by the same instructor. **Please fill out additional information in second box below.**

Are you requesting:

- **One Time Approval:** _____ Term & Year: _____ CRN(s) if known: _____ Have you requested this approval before? _____ Term & Year _____
 - **Ongoing Approval:** _____ Term & Year: _____ CRN(s) if known: _____ Was it approved _____ or denied _____

Rationale for Exceptions & Additional Comments: (Cross Taught see box below)

Rationale for Cross Taught courses: Please include period of time requested (up to 3 years) and long term plan for addressing underlying enrollment/resource issue:

CRN	Subject	Course Number	Section Number	Start Time - End Time (00:00 – 00:00)	Meeting Days (MTWRFSSU)	Part of Term Dates (mm/dd/yyyy – mm/dd/yyyy)	Bldg/Rm	Schedule Type	Delivery Method	Enrollment	Waitlist

Instructor 1 (Name & 800#): _____ % assigned _____ Instructor 2 (Name & 800#): _____ % assigned _____

Approvals/Signatures:

Department Chair

Dean/Director

Graduate Dean (Cross Taught Only)

Approved _____ Start Term _____ End Term _____
 Denied _____

Provost

Approved One Time _____ Term _____ Year _____

Approved Ongoing _____

Denied _____

Academic Scheduling