OKLAHOMA CITY

Oklahoma State University – Oklahoma City

Exception to Standard Scheduling

Please send to the Chair and Dean for signature approval, and cc okc.academicaffairs@okstate.edu and okc.schedule@okstate.edu before the scheduling period closes.

A · Course and Faculty

Faculty Name	Department	Semester	Date Submitted

Course Number	Course Title	CRN	Term Length

B · Scheduling Request

Proposed Start Time	Session Duration (minutes)	Meeting Days	Nearest Approved Standard Time
		M T W R F Sa Su ☐ ☐ ☐ ☐ ☐ ☐ ☐	

C · Reason for Exception (select one)

- ☐ Program or accreditation requirement
- ☐ Clinical, practicum, or external site constraint
- ☐ Facility or equipment availability (shop, lab, sim)
- ☐ Student cohort or employer partnership need
- ☐ Cross-listed or concurrent enrollment
- ☐ Other — explain in comments below

Comments / justification:

D · Seat Time Compliance

Total Required (min)	Session Length (minutes)	No. Active Sessions	Total Proposed (minutes)

☐ I confirm that the proposed schedule meets the OSRHE Section 3.19 and Policy 2-0209 seat time requirement for this course.

E · Approvals

Chair		Dean	
Signature	*Date*	*Signature*	*Date*

Registrar use: CRN / Banner ID _____ ☐ Approved ☐ Denied