PETITION for NON-STANDARD CLASS MEETING TIME

Complete petition and submit to your college representative on the Committee on Academic Policy and Procedures (CAPP).

CAPP meets the second Wednesday of each month. Your petition should be submitted at least two weeks in advance, so your CAPP representative can place it on the CAPP agenda.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>CURRENT DAY / TIME</th>
<th>PROPOSED DAY / TIME</th>
<th>Effective Term</th>
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<tbody>
<tr>
<td>DEPT. NO.</td>
<td>TITLE</td>
<td>Cr.</td>
<td>Start Time</td>
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* Times for other sections, if present.

Type of approval requested: ☐ Ongoing ☐ One time only

JUSTIFICATION FOR REQUESTING NON-STANDARD TIME:

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

SUPPORTING INFORMATION:
1. Classification of students taking course (circle): freshman sophomore junior senior 5th Year Grad. Stud.**
2. Type of course section (circle): Lec. Rec. Lab/Studio Quiz Current enrollment: _____________
3. Type of classroom (circle): General University Use** Department Responsibility College Responsibility
4. Potential conflicts with other courses:

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

** Graduate classes (800 and 900 level) need approval only if they use general university classrooms.

PETITIONER’S
NAME: ______________________________ EMAIL: __________________ PHONE: ____________

DEPT. HEAD’S SIGNATURE: ______________________________ DATE: ____________

CAPP DECISION (circle): APPROVED DENIED

Comments:

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

CAPP CHAIR SIGNATURE: ______________________________ DATE: ____________

If the petition is approved, the CAPP Chair will distribute a copy of this petition to the following:
Enrollment Services, Office of the Registrar, 118 Anderson Hall
Facilities Administration and Finance, 109 Dykstra Hall
College Dean’s Office (circle): AG AR AS BA ED EN GR HE TC VM

09/21/06, rev. 12/05/12