

Request for Scheduling Variance

Variances must be submitted by the Phase II deadline as specified in each semester's scheduling timeline

To request a course offering in a **non-standard** class schedule pattern, please fill out **ALL** information below. This request **must** be approved by the Department Chair, the Strategic Scheduling Committee, and the Dean of the College.

College:	ollege: Department:		Scheduler:		_Term:
Subject:	Course #:	Section:	CRN:	_Cap:	Credit Hrs:
Key Points:	We must not harm students' a	ability to progress, be	awarded financial aid, etc.	Therefore these requ	ests should be limited, and:

- If you are offering multiple sections of a course, only one section of a course should be offered an alternate calendar or day/time.
- If alternate day/time period is requested, nonpeak day/times should be considered, particularly weekends.
- An alternate calendar schedule should fall within the terms. If dates fall outside of a term, extended and specific rationale must be included that outweighs the issues it causes students with financial aid, persistence and progression.
- Outside of term will not be approved if it occurs during the previous term final exam week.
- Alternate calendars should not be considered for courses with high DFW rates.
- If considering an alternate schedule, you must meet contact hours, minimum of 12.5 per credit hour and should consider first half of term and second half of term sequencing to avoid scheduling conflicts for students.
- For new requested day/time meeting pattern: Mimic existing patterns as close as possible, i.e. keeping to a pattern, but alternating end time.
- <u>Note:</u> No variance on Start Time is permitted. The goal is to minimize overlap/conflicts for student scheduling.

Requested Day/Time Meeting Pattern:

Note: ALL Requests for Variance MUST adhere to an Approved Class Scheduling START TIME!

*Indicate times in each day slot. In parenthesis indicate: Hybrid (H), Online (O), Face to face (F) for each time

м	т	w	т	F	Variance Request Types (select all that apply)
					-Day Patterns
					-Time Pattern
					 -Length of Time with Term Semester
					-Term Variation on Term Start
					-Term Variation on Term End

% Online: ______ % Face to Face: ____

Specific Rationale of Why an Existing Time Pattern/Time is Not Applicable (use back of page as needed)



Approvals

Requesting Faculty Member (please print)			
Signature		Date	
Department Chair (please print)		Approved	Denied
Signature Date			
Provost Office (or designee – Strategic Scheduling Committee)		Approved	Denied
Date	-		
College Dean (please print)		Approved	Denied
Signature Date			

Rationale (continued)

Completed request(s) should be scanned and sent via email to <u>schedulingvariance@usfsp.edu</u> for review. Contact the Registrar's Office (Scheduling) if you need to withdraw a request.