



Texas A&M University-Corpus Christi
Office of the University Registrar

**Instructions for Requesting an Exception to the Standard
Meeting Time Blocks**

Complete the form listing the department and name of the person submitting the exception. Include the class as it is currently listed along with the new meeting pattern (days, times) being requested.

Please include the following information:

- **How the class currently exists and what changes you would like to make:** Include this information in the table provided on the form.
- **Impact on student schedules:** Will your requested time prevent them from taking another class immediately preceding or following your class? Are there many undergraduate students outside of your department who have required classes around that same time? Is your non-standard time during "Prime time?" Are there students currently enrolled in the class (and if so, have they been consulted about the change?)
- **Impact of space utilization in room class will be held in:** Will the class be held in departmental or general space? If in general academic space, does the non-standard time overlap into multiple standard time blocks, thus preventing a class to be scheduled in that same room prior or after your class? Will the non-standard time open up any other space that was previously being used?
- **Circumstances that require this exception:** Please provide justification for why this class cannot meet at a standard time. Personal reasons (i.e. the instructor likes it better; it works better) are not justifiable reasons.

To have this exception reviewed, the form on page two must be completed and signed by the department chair. Originals are to be sent to the University Registrar's Office. Any other applicable information may be submitted on department letterhead and attached to the form.

***Please note: If approved, this exception will only be granted for the requested term. The University Registrar and Associate University Registrar will review the impact of the exception and the standard time blocks before this exception will be renewed. An exception MUST be submitted for each requested term.**



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To: Missy A. Chapa, University Registrar, SSC 104

Department/Name Requesting: _____

Dept. Chair Signature: _____ **Date:** _____

Term: _____ **Course:** _____

	Days	Times	Room
Current Mtg. Pattern			
Requested Mtg. Pattern			

What is the impact on student schedules?

What is the impact to space utilization?

What are the circumstances that require an exception?

For Registrar Office Use Only

Approved by: _____ Date: _____

For Provost Office Use Only

Approved: _____ Date: _____ Comments: _____