

Request for Variance

Variances must be submitted by the deadline as specified in each semester's scheduling timetable

 $To \ request \ a \ course \ offering \ in \ a \ \textbf{non-standard} \ class \ schedule \ pattern, \ please \ fill \ out \ all \ information \ below.$

This request **must** be approved by the Department Chair as well as the Dean of the College.

The Office of the Registrar will obtain the Provost's Office (or designee's) approval.

Scheduler:							
Course Info	rmation:						
College				Department			
CRN(s)							
Subject/Prefi	x			Course #			
Section(s)							
Cap(s)							
Credit Hrs							
	Note: ALL F	ed Day/Time Meeting P Requests for Variance MUS	T adhere to a				
		<u>М</u> Т		W	R	F	
Approvals							
		Requesting Faculty Member				_	
		Signature _				Date	
Approve	Deny	Department Chair				-	
		Signature				Date	
Approve	Deny	College Dean					
		Signature				Date	
Approve	Deny	Provost Office (or designee)				<u> </u>	
		Signature _				Date	
		Comments					

^{*}Completed request(s) should be scanned and sent via email to AskSpace@usf.edu for final processing and approval.

Contact Academic Space Planning & Assignment if your request is cancelled.