

To: Elizabeth Johnson, Associate Registrar, Registrar's Office, Scheduling Division

From: _____ Dept. Chair Signature: _____

Date: _____

Term: _____

Subject: _____ Catalog #: _____ Section #: _____

	Days	Times	Requested 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?