

**Application for Exemption from Scheduling Guidelines**

(Please complete one form for each class for which an exemption is requested.)

**Department requesting an exemption:** \_\_\_\_\_

**Chairperson's Signature:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Desired Schedule Time:** \_\_\_\_\_

How is this course out of compliance with the guidelines? (Guidelines can be found on the Registrar's Web site: <http://www.hope.edu/admin/registrar/sched/GenInstruct.html>)

Please check all that apply:

\_\_\_\_\_ There are more than three classes offered by this department in this time block.

\_\_\_\_\_ The class crosses regular time blocks. (M/W/F blocks are 8:30-9:20; 9:30-10:20; 11:00-11:50; 12:00-12:50; 1:00-1:50; 2:00-2:50; 3:00-3:50; 4:00-4:50. T/R blocks are 8:00-9:20; 9:30-10:50; 12:00-1:20; 1:30-2:50; 3:00-4:20.)

\_\_\_\_\_ The class meets during community hour (T/R/ 11:00-11:50).

\_\_\_\_\_ The class meets during chapel (M/W/F 10:30-11:00)

\_\_\_\_\_ The class meets four days a week, and therefore blocks students from taking two other classes.

Why do you need an exemption from the normal scheduling guidelines? Check one of the following reasons, and provide a brief explanation in the space provided, on the back of this sheet, or on a separate sheet.

\_\_\_\_\_ Pedagogical reasons

\_\_\_\_\_ Family responsibility of faculty member

\_\_\_\_\_ Long commute for faculty member

\_\_\_\_\_ Other (please give reason)

---

---

---