**Common Bell Course Framework Exception Request**

**Date of Request: Department:**

**Department Chair Submitting Request:**

**Type of Request: Course (all sections) Course (specific section)**

 **Distribution – Time of Day (30% before 11, 30% 11 – 2, 40% after 2)**

 **Distribution – Days of the Week (20% course offerings each day M-F)**

**Guiding Principles for the Common Bell Scheduling Framework**

The common bell framework is being implemented to increase ease of course scheduling for our students and utilization of academic classroom space. Doing this will require that we stretch our schedule offerings both vertically (meaning times of the day) and horizontally (days of the week) in conjunction with at common course meeting pattern.

**Exceptions from the Course Meeting Framework**

It is recognized that some courses are offered to meet the specific needs of a student population being served (e.g., Friday/Saturday Cohort programs). Requests for exceptions to the Common Bell Course Framework will be made on a course-by-course basis requiring the approval of the College Dean and Office of the Provost. Exceptions for courses can be requested for up to three years, but may be approved for less than three years. Because of the flexibility built into the Common Bell Course Framework, ***it is expected that very few exceptions will be necessary***.

**A Common Bell Course Framework Exception is requested for the following course:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject** (i.e. BIOL) | **Number** (i.e. 100) | **Credit Hours** | **Section** (i.e. 02) | **Requested Terms for Exception** (i.e. Fall 2019) | **Dean Course Exception Approval** (Yes or No; Terms) | **Provost Course Exception Approval** (Yes or No; Terms) |
|  |  |  |  |  |  |  |

Note: If your request applies to multiple courses, please attach the course information on an additional sheet or submit a class schedule report (CT0100CP) with all affected courses highlighted. Please include with your request a copy of the program’s academic map.

**Please explain in detail the Department’s request for an exception. (Add comments on the back as needed.)**

 **Not Approved Partial Approval Approved Length of Approval**

**College Dean: Date**

 **Not Approved Partial Approval Approved Length of Approval**

**Office of the Provost: Date**