



**Boston University Office of the University Registrar
Classroom Management and Scheduling**

881 Commonwealth Avenue, Room 208

Request for an exception to the Boston University Course Scheduling Policy

- **Purpose of form:** This form is to be used when requesting an exception to the Boston [University Course Scheduling Policy](#) for the Charles River Campus.
- **Semester Due Dates**
 - **Fall semester** scheduling exception requests must be emailed to [Daniel Parks](#), University Registrar, by the last day of the fall semester.
 - **Spring** semester scheduling exception requests must be emailed to [Daniel Parks](#) before the end of August.
- **Signature Required:** Dean of School or College where course is held; if a cross listed course, both Deans. A Dean may designate an Associate Dean as an approved signer.
- **E-mail Recipient of Requests:** [Daniel Parks](#) & [Maria Perfetti](#), Associate Registrar
- **Requests are for one-semester only.**

Questions regarding the scheduling policy? Contact [Maria Perfetti](#)

Please complete the information below and submit to [Daniel Parks](#) & [Maria Perfetti](#) as a word document.

1. **Your name and email address.**
2. **The number and title of course for which you are seeking an exception. If a group of related courses that need the same exception, please list all courses on one form.**

Example: SED CH300 A1, Methods of Instruction, Elementary, 1-6

3. **Is this course approved for or being proposed for the BU Hub? If so, how will offering this course off-block be consistent with this status?**
4. **If you are requesting an exception for multiple sections of one class, how many total sections are being offered, and how many of this total are compliant with the block schedule?**
5. **Was this exception requested in a prior semester?**
6. **This class is cross listed with another class: YES or NO**
7. **If yes, list other class:**
Example: SED CH515 A1, Curriculum Methods, 1-6
8. **Meeting pattern requested is:**

Example: Monday, Wednesday, Friday, 12:00 PM-3:00 PM

9. This pattern is (check one):

- Aligned with the start of an existing block
- Aligned with the end of an existing block
- Fully off block
- Not sure

10. What is the extent of overlap between this requested time exception and existing, approved scheduling blocks as shown in the scheduling grid?

11. Please describe the cohort of students who has enrolled in the class in the last semester it was taught. Your registrar or records officer can download this information from the Faculty/Staff Link under “Past University Schedules” by class and semester. For example, 4 undergraduate students from CAS, 14 undergraduate students from SED, and 10 graduate students from SED enrolled in this class.

12. Will this request impact students who have traditionally enrolled in the class that you described in #9? It is helpful to include the support or comments of the advising faculty and staff as to the impact on students.

13. Please describe why the class cannot be scheduled within the block schedule. The reason can involve student, teaching faculty preference, or over-arching curricular needs that cannot be solved another way. Please note that in and of itself, retaining the historical nature of the scheduling pattern is an insufficient reason for an exception.

14. Did you consider any of these solutions? Please indicate briefly why they would not alleviate the concern:

- Moving the class to an alternate location
- Offering class during a different block time
- Updating faculty (if multiple sections)
- Other solutions considered

15. What is your plan for future semesters?

16. Briefly describe how your department is otherwise meeting the requirements of the BU scheduling policy?

17. School Approval (an email from the Deans or designee is acceptable).

Dean's or Dean's Designee Approval:	_____	_____
	Signature	Date
Dean or Dean's Designee Approval for cross listed courses:	_____	_____
	Signature	Date

Scheduling Exceptions Committee Use only		
<input type="checkbox"/> Approved	Date: _____	for _____
Specify semester and year (s)		

☐ Tabled Date: _____ to be reconsidered on _____
☐ Not Approved Date: _____

Comments

Notification on _____ by _____