

SUMMER SESSION START DATE APPEAL FORM

FORM MUST BE COMPLETED WITH ALL NECESSARY APPROVALS AND SUBMITTED TO RECORDS AND REGISTRATION (117 GRAFF MAIN HALL) BY **JANUARY 15** TO GUARANTEE INCLUSION IN THE SUMMER SESSION TIMETABLE. DEPARTMENTS ARE ENCOURAGED TO MAKE WAIVER REQUESTS BY THIS DATE WHENEVER POSSIBLE.

Check all that apply and enter appropriate dates/course length:

<p>Waiver is requested for a period of:</p> <p><input type="checkbox"/> 1 year</p> <p><input type="checkbox"/> permanent</p> <p>Effective Date _____</p>	<p>Proposed start date: _____</p> <p><input type="checkbox"/> Prior to beginning of Summer I</p> <p><input type="checkbox"/> After Summer I start date</p> <p><input type="checkbox"/> After Summer II start date</p> <p><input type="checkbox"/> After Summer III start date</p>	<p>Proposed course length: _____</p> <p style="text-align: right;">(weeks)</p> <p><input type="checkbox"/> Runs over Summer I / II</p> <p><input type="checkbox"/> Runs over Summer II / III</p> <p><input type="checkbox"/> Runs over Summer I / II / III</p>
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PLEASE GROUP COURSES WITH SIMILAR WAIVER RATIONALES AND PROPOSED FORMATS ONTO ONE FORM.

Dept. _____	Course Number _____	Credits _____	TITLE _____	Cross-listed _____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Justification for waiver (attach separate sheets if necessary). Please include a description of how *adhering* to the summer session policy would hinder course instruction and/or the ability to serve students.

Dept. Chair and Dean's signatures certify support of the waiver request. Appeals will not be heard without Departmental approval.

APPROVALS: (Cross-listed courses require both/all department chair signatures.)

Department Chair(s) & Date: _____

Dean/College & Date: _____

Circle and sign after CAPS hearing:

Approved

Denied

Committee Chair & Date: _____