Georgia Tech Registrar's Office

EXCEPTION REQUEST FORM

In the limited instances in which an exception may be warranted, this completed form must be submitted to the Registrar's Office at least five business days prior to the publication date of the Schedule of Classes for that academic term. Email completed forms to scheduling@registrar.gatech.edu for processing.

Term _____   Date _____

CRN _____   Subject _____   Course _____   Section _____

Alternate Days and Times _____

Is this course cross listed with another course?   Yes ☐   No ☐

List cross listed course(s) if applicable: _____

Reason for the Request

State the academic or pedagogical rationale for this request.

_____

Address what scheduling implications this may have on students' ability to complete a schedule for this term.

_____

Address how this request might impact classroom utilization.

_____

School/Unit Chair or Higher

Printed Name _____   Signature _____   Date _____

Registrar's Office Only

☐ Approved   Printed Name _____

☐ Denied   Signature _____   Date _____

Final Exam Block _____

Notes _____