THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

Block Schedule Exception Request

Course Subject
and Number

Course
Title

Department

Effective
Term

Course

Reason for Request:

☐ other (please explain in detail):

Signatures   Date

Chairperson   Print Name

Dean   Print Name

Return completed form to the Office of the Provost.

Provost Office Use Only:

☐ PCAPC review   ☐ Approved   Expires: ☐ Chair and Dean   ☐ Registrar
     Date: ☐ Disapproved   Notified   Notified