



**SCHEDULE OF CLASSES
TIME MODULE DEVIATION/ HVAC REQUEST**

COLLEGE:

DEPARTMENT:

TERM(S):

(Departments may request up to 6 terms.)

- Time Module Deviation** *(Applicable to: Class Schedule)*
- HVAC Access** *(Summer Terms: Monday through Friday after 6:00pm, and all day Saturday and Sunday)*
- HVAC Deviation** *(Fall and Spring Terms: Fridays after 6:00pm, and all day Saturday and Sunday)*

CLASS INFORMATION (required)

Subject Area:	Catalog #:	Section #:
Class Title:		
Units:	Enrollment Capacity:	
Instructor's Name:	Bronco ID:	
	Su M Tu W Th F Sa	
Proposed Day(s):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Proposed Time:	Proposed Building(s) & Room(s):	

Justification: _____

Department Chair

Date

Comments: _____

Dean / Director

Date

Comments: _____

For Office of Academic Programs Only

- Approved
- Not Approved

Dr. Keith Forward, Interim Associate Vice President, Academic Programs

Date