

# Emergency Deviation – Request

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Status: \_\_\_\_\_

Department: \_\_\_\_\_ School: \_\_\_\_\_

Semester: \_\_\_\_\_

Budget No: \_\_\_\_\_

Converted contact hours (Load Units): \_\_\_\_\_  Studio  Lecture

Course Prefix & Number: \_\_\_\_\_

Section No: \_\_\_\_\_

New Total Converted contact hours (Load Units): \_\_\_\_\_

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Reasons:

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost's Signature: \_\_\_\_\_ Date: \_\_\_\_\_