

Process for Approval of Alternate Schedule for Student Course Evaluations

This process should be used for all instances in which a department identifies a need to complete the student course evaluation process outside of the regular schedule for them to be completed.

Student course evaluations are to be completed at approximately the three quarter point in a semester (weeks 11 and 12). In some instances, either due to the course schedule or a modified instruction schedule, there is a need to schedule the student course evaluations at a different point in the semester.

When that occurs the following process should be followed.

- The Department Chairperson should complete the attached form and submit it to the Dean for approval
- The Dean should submit the form, if approved, to the Provost Office (bgrolemund@clarion.edu)
- The Provost Office will request approval from the local APSCUF President and Human Resources
- No later than the next scheduled local Meet and Discuss Session the request for an alternate schedule for student course evaluations will be reviewed by APSCUF and Management for approval action
- The decision from local Meet and Discuss will be communicated back to the Dean and Department Chairperson
- If the request is approved a copy of the approval will also be sent to Computing Services

This process is intended for standing/on-going alternate scheduling for student course evaluations, however if a one-time need occurs, the process and form should be used with a notation that is a one-time only request.

This process is not required for seven week courses that are scheduled to have student course evaluations completed in weeks five or six.

Request for Approval of Alternate Schedule for Student Course Evaluations

Course Instructor: _____

Course Title: _____

Course Section: _____

Course Number: _____

Department: _____

Proposed Timeline for Completion of Student Course Evaluations (provide week in the academic semester the evaluations would be completed): _____

Explain Need for alternative schedule:

This is a one-time request (if not checked it is assumed the request is on-going for all sections of the listed course)

Department Chairperson Signature

Dean's Signature

Date Submitted to Human Resources: _____

Date of review by local APSCUF and Management: _____

Approved Not Approved

Local APSCUF Signature

Management Signature