LONG ISLAND UNIVERSITY

Office of Academic Affairs

Request for Credit Hour Policy Exception

Name of Faculty Requesting Exception:			
Campus:			
College / School: 1			
Department:			
Program and Degree: (e.g., English MA)			
Course Name and Number: Course Credits:			
# of Contact Hours to be reduced: Total contact hours for semester:			
Reason for Exception: (Use separate sheet if necessary)			
See below calculation when Contact Hou	urs are reduced:		
Course Format	Contact Hours	Supplementary Assignments	Total Semester Hours
3-credit Course - 3 (50-min) hrs/wk	45	90	135
3-credit Course - 2 (50-min) hrs/wk ²	30	120	150
Supplementary Assignments: (identification) Supplementary Assignment Paper Research Individual and/or group project Readings Other (please define) Total Supplementary Assignment		bus, which must ac	
Package Completion: Please include the course s Exception. Each syllabus should indicate the non-	yllabi for all courses in t	the program(s) containe work.	d in this Credit Hour Policy
Approved by:			
Department Chair			
Dean			Date
			Date

Any request for exception to the Credit Hour Policy must be for a program or for the entire department, not on a course-by-course basis. When a program crosses two departments, both departments must be in agreement that an exception is warranted.

² For each one-hour reduction in Contact Hours, two hours of Supplementary Assignments are required.