

TIME CONFLICT REQUEST

Last Name

First Name

M.I.

Student ID Number

Semester (Fall/Spring/Summer)

Year

Course 1: _____

Course 2: _____

CRN Number: _____

CRN Number: _____

Days/Times: _____

Days/Times: _____

Instructor Name

Instructor Name

AGREEMENT

Instructors: This form verifies our approval for this student to register for our courses despite the time conflict. We will discuss with the student any issue(s) of missed class time and work and of keeping up with assignments.

Student: I will discuss with my instructors any issue(s) of missed class time and work and of keeping up with assignments. I understand that earning low grades in either or both of these courses will impact my eligibility for future time conflicts.

THIS SECTION MUST BE COMPLETED BY BOTH INSTRUCTORS:

Our agreements with the student for resolving this time conflict are as follows:

Instructor Signature (Course #1) & notes (above)

Date

Instructor Signature (Course #2) & notes (above)

Date

Student Signature

Date