



Time Conflict Request Form

To be completed by the student.

Student Name _____ Student Number _____

Semester Fall _____ Spring _____ Summer _____ 20 _____

Course #1	CRN #	Course Title	Start Date	End Date	Days	Start Time	End Time

Course #2	CRN #	Course Title	Start Date	End Date	Days	Start Time	End Time

Signatures of Approval.

Signing below authorizes the student to attend the above courses while a time conflict exists. The instructors and the student will make arrangements to make-up any coursework missed in relation to the time conflict.

Student Signature Date

Instructor Signature – Course #1 Date

Instructor Signature – Course #2 Date

V.P. Academic Affairs/Dean Date

All signatures must be secured before submitting this request to the Student Services Office.

For Office Use Only:

Received _____ Processed _____ Staff _____