TIME CONFLICT REQUEST

Name: Last  First  M.I.  Student ID  Date

Course #1  ________________  Course #2  ________________
CRN #1  ________________  CRN #2  ________________
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)  Instructor Signature (Course #2)

Student Signature