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