Time Conflict Request Form

To be completed by the student.

Student Name_________________________  Student Number_________________________
Semester  Fall_________ Spring_________ Summer_________  20_________

Course #1

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Course Title</th>
<th>Start Date</th>
<th>End Date</th>
<th>Days</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
</table>

Course #2

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Course Title</th>
<th>Start Date</th>
<th>End Date</th>
<th>Days</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
</table>

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 __________________