

COLLEGE OF SCIENCE AND ENGINEERING

TIME CONFLICT FORM

Name: _____
 A#: _____
 Major: _____
 Semester: _____

Date: _____
 Phone: _____
 GPA: _____
 Classification: _____

Conflicting Course:

Call Number	Course & Section Number	Course Title	Meeting Days & Times
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Overlap: _____ minutes

Explain how you will make up the time/material missed:

The student understands that s/he will need to resolve any class time conflicts and work missed as a result of this time conflict with the instructors of record. The signatures of both instructors on this form indicate that both instructors are aware of this time conflict and agree to work with the student. Failure to complete the information below will result in non-approval of request.

_____ Student (Print)	_____ (Sign)	_____ Date
_____ Instructor (Print)	_____ (Sign)	_____ Date
_____ Instructor (Print)	_____ (Sign)	_____ Date
_____ Program Coordinator (Print) for MISSED COURSE	_____ (Sign)	_____ Date
_____ Department Chair (Print) for MISSED COURSE	_____ (Sign)	_____ Date
_____ Associate Dean (Print) for MISSED COURSE	_____ (Sign)	_____ Date

(for Office Use only)

_____ Processor (Print)	_____ (Sign)	_____ Date
_____ Called (Print)	_____ Spoke With Left Message (Circle One)	_____ Date