

College of Science and Engineering

Time Conflict Form

Name: _____ Date: _____
 ID#: _____ Phone: _____
 Major: _____ GPA: _____
 Semester: _____ Classification: _____

Conflicting Courses:

Call Number	Course Number and Section Number	Meeting Days/Times
_____	_____	_____
_____	_____	_____

Amount of Overlap: _____ minutes

How will the time conflict be resolved?

The student understands that he/she 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)	(sign)	Date: _____
Department Chair (print)	(sign)	Date: _____
Associate Dean (print)	(sign)	Date: _____