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 ____________________________

INSTRUCTOR 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 ____________

Submit completed form to Sinclair 301