TIME CONFLICT REQUEST

Instructions to request a time conflict:

1. Complete the Student Section below.
2. Discuss the time conflict with your instructors and have **both instructors** complete the Instructor Section.
3. Bring this form to the Advising Center in QLC 113.

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**Student Section**

I will discuss with my instructors any issue(s) of missed class time/work and keeping up with assignments. I assume full responsibility for managing the time conflict.

Print Name: _______________________________ Student ID: _______________________________

Semester/Year: _______________________________

Student’s Signature: _______________________________ Date: _______________________________

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**Instructor Section**

We are aware that the above named student has a time conflict with our classes and that he/she will be either late to class or have to leave early to go to another class. In signing below, we are stating that we are willing to accommodate this student.

Course #1: _______________________________ Course #2: _______________________________

CRN #1: _______________________________ CRN #2: _______________________________

Days/Times: _______________________________ Days/Times: _______________________________

______________________ Instructor (print name) ________________________

______________________ Instructor’s Signature ________________________

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**Advising Center use only**

Override entered in BANNER by (initials): _____________________ Date: ______________

Notes: