RETURN FORM TO:

UHM Office of Graduate Education Spalding Hall, Room 354 ● 808-956-8544 graduate.education@hawaii.edu

Date:					
Го:	Graduate Records				
From:	Course 1 Instructor		Course 2 Instructor		
	Course 1 Subject & Course No.		Course 2 Subject & Course No.		
	CRN	Day(s) & Times	CRN	Day(s) & Times	
Subect:	Request for Time Conflict Approval for				
	Student		UH Student ID	UH Student ID#	
		MPLETED BY THE INST		assignments in the follow	lowing ways:
	Course I			Course 2	
Course 1	Instructor Signature	 Date	Course 2 Instru	uctor Signaturo	Date