

Time Conflict Form

INSTRUCTIONS:

- 1. Please complete <u>all</u> of the information below
- 2. Student must provide justification for how the time conflict *will not* impact academic integrity (forms submitted without justification will not be processed).
- 3. Student must get signatures from **BOTH** instructors.

Office Stamp

STUDENT INFORMATION:					
Name:					T-Number:
	Last	First		MI	
	Student Signatu	ro			
	Student Signata				Juli
OF A SCOTED AVE A D					
SEMESTER,			D - "		
Term:	☐ Spring	☐ Summer	☐ Fall		Year:
JUSTIFICATION FOR TIME CONFLICT:					
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Faculty should review specific time conflict prior to signing.					
FIRST COURSE					
Subject		Course Number	Section	າ	CRN
Course Date	es	-	Course Day(s)		Course Times
I have reviewed the time conflict and attest that it will not impact student learning.					
Instructor (Printed Name)					
Instructor (Signature)				Date
CECOND CO					
SECOND CO	URSE				
Subject		Course Number	Section	ı	CRN
Course Dat	nc.		Course Day(s)		Course Times
Course Dates Course Day(s) Course Times					
I have reviewed the time conflict and attest that it will not impact student learning.					
Instructor (Printed Name)					
Instructor (Signature) Date					
Instructor (Signature) Date					