

TIME CONFLICT RESOLUTION FORM

1. All class information must be completed.
2. Information from both conflicting classes, as well as signatures of both instructors must be on this form (emails are not acceptable).
3. You must be registered for one of the conflicting classes.
4. Forms submitted after the drop/add period must have the approval of the student's Dean before it is processed.
5. When completed, the student is required to bring this form to Clark Hall room 321 to be processed. **DO NOT MAIL FORM.**

TERM: _____

STUDENT NAME: _____ BANNER ID: @ _____

STUDENT SIGNATURE: _____

INFORMATION FROM FIRST CLASS:

SUBJECT: _____ COURSE: _____ SECTION: _____ CRN: _____

DAYS/TIMES: _____

INSTRUCTOR NAME: (Please print) _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR COMMENTS: _____

INFORMATION FROM SECOND CLASS:

SUBJECT: _____ COURSE: _____ SECTION: _____ CRN: _____

DAYS/TIMES: _____

INSTRUCTOR NAME: (Please print) _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR COMMENTS: _____

Dean's Signature (if after the drop/add period): _____

(Scheduling Center use only)

Date Processed: _____ Signature: _____