EMAIL VERSION
TIME CONFLICT RESOLUTION FORM

1.	Information from both conflicting classes is required on this form.
2.	You must be registered for one of the conflicting classes.
3.	Forms submitted after the drop/add period must have the approval of the student's Dean before it is processed.
4.	When completed, the student can email this form to both instructors.
5.	The instructors can forward to scheduling-center@iup.edu via their IUP email as approval for the time conflict override.

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: _____