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 instructor can email the completed form to scheduling-center@iup.edu to be processed.**

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: