

TIME CONFLICT RESOLUTION FORM

1. All class information must be completed.
2. Information from both conflicting classes, as well as signatures (and comments) of both instructors, must be on this form (emails are not acceptable).
3. The student 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 or Designee before it is processed. (Approval is not needed if completed during drop/add.)
5. The student is required to bring the completed form to Clark Hall room 321 to be processed. **DO NOT MAIL FORM.**

SEMESTER and YEAR: _____

STUDENT NAME: _____ BANNER ID: @ _____

STUDENT SIGNATURE: _____

INFORMATION FROM FIRST CLASS:

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

DAYS/TIMES: _____

INSTRUCTOR NAME: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR COMMENTS: _____

INFORMATION FROM SECOND CLASS:

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

DAYS/TIMES: _____

INSTRUCTOR NAME: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR COMMENTS: _____

Dean's Associate Approval *(only if after the drop/add period)*: _____

(Scheduling Center use only)

Date Processed: _____ Signature: _____