



TIME CONFLICT APPROVAL FORM

Approval of time conflicts are granted based on exceptional cases only.

STUDENT NAME	STUDENT ID	MAJOR
EMAIL	TERM	UGPA > 60%

Students are responsible for speaking with professors and lab instructors involved to determine how the conflict will be handled. Include this information in the written explanation. **Final exam conflicts will not normally be approved.**

CONFLICTING COURSE/LABS	TIME & DAYS OF CLASSES	FINAL EXAM TIME & DATE	IS THIS A FINAL EXAM CONFLICT?	INSTRUCTOR	INSTRUCTOR'S SIGNATURE OF APPROVAL

EXACT MINUTES OF CONFLICT (PER WEEK):

Detailed written explanation stating the reason for the course conflict, identify course that is not part of your regular semester and your plan to make up the missed time and coursework.

Include your academic plan

TERM:	TERM:	TERM:
TERM:	TERM:	

I understand that leaving class early or arriving late can be disruptive to the instructor as well as other students; it can also jeopardize my academic success in the course. I take full responsibility for making up all missed course-work caused by this conflict. All decisions are final and not eligible for appeal. **Program Chairs have final approval.**

Student's Signature

Date



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Program Chair of Student

Date

- Granted
- Not Granted

Reason for decision: (If final exam conflict is approved, the name of instructor responsible for scheduling the final exam must be listed.)

Entered By: _____ Date: _____