

CHEMISTRY AND BIOCHEMISTRY

TIME CONFLICT FORM

Name: _____
A#: _____
Major: _____
Semester: _____

Date: _____
Phone: _____
GPA: _____
Classification: _____

Conflicting Course:

CRN	Course & Section Number	Course Title	Meeting Days & Times
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Overlap: _____ minutes

Explain how you will make up the time/material missed:

The student understands that they will need to resolve any class time conflicts and work missed as a result of this time conflict with the instructors of record. The signatures of both instructors on this form indicate that both instructors are aware of this time conflict and agree to work with the student. Failure to complete the information below will result in non-approval of request.

Student (Print)	(Sign)	Date
------------------------	--------	------

Instructor (Print)	(Sign)	Date
---------------------------	--------	------

Instructor (Print)	(Sign)	Date
---------------------------	--------	------

Program Coordinator (Print) for MISSED COURSE	(Sign)	Date
--	--------	------

Processor (Print)	(Sign)	Date
--------------------------	--------	------