

TIME CONFLICT APPROVAL FORM

IMPORTANT: Please read all directions and fill out the form carefully. Review all your information to make sure that it is correct before submitting to the Admissions and Records office. **Generally, students cannot enroll in two or more courses if they meet at the same time and/or are overlapping unless they meet specific criteria listed below.** Please print legibly.

NOTICE (FOR STUDENT & INSTRUCTOR)

Generally speaking, students cannot enroll in two or more courses that meet at the same time and/or are overlapping in time within 15 minutes. However, overlapping schedule **MAY BE PERMITTED IF:**

- (A) Rational Justification. Adjustments are made on a student-by-student basis where it can be established & documented. (Note: scheduling convenience is not a justification.)
- (B) Documentation. The college maintains documentation that each student will make up the hours of overlap in the course that is considered to be partially and/or entirely not attended as scheduled at another time during the same week under supervision.

STUDENT INFORMATION ► *Student must fill out this section ONLY.*

LAST NAME: _____ FIRST NAME: _____ MI: _____ STUDENT ID#: _____

EMAIL: _____ PHONE: _____

SEMESTER YEAR: _____ FALL WINTER SPRING SUMMER

CLASS NO. (i.e. 70783): _____ COURSE TITLE (i.e. COUNS 1): _____ INSTRUCTOR NAME: _____

JUSTIFICATION FOR REQUEST ► *Please explain in the space provided below. (If more space needed, attach a separate paper)*

CLASSROOM TIME LOST TO TIME CONFLICT WILL BE MADE UP ON ► *Indicate specific days & times. (EX: every Tuesday, 3/4 - 6/4 from 3:15PM to 4:15PM)*

DAY(S): _____ MAKE UP TIME WILL BE FROM: _____ TO _____

I declare under penalty of perjury that all information on this form is true and correct. I also agree to all terms & conditions and will make up all time missed as indicated.

STUDENT SIGNATURE: _____ DATE: _____

I agree to the terms & conditions stated as the student will make up the time conflict as indicated under my direct supervision.

INSTRUCTOR SIGNATURE OF OVERLAPPING CLASS: _____ DATE: _____

OFFICE USE ONLY

DIRECTOR OF ADMISIONS & RECORDS APPROVAL: APPROVED DENIED

REASON FOR DENIAL: _____ DATE: _____