

Time

INSTRUCTIONS

1. Please complete all of the information below
2. Student must provide justification for how the time conflict will not impact academic integrity (forms submitted without justification will not be processed).

TIME CONFLICT:

Faculty Course Number _____ Section _____ CRN _____
Course Dates _____ r _____ Course Day(s) _____ Course Times _____ r _____

I have reviewed the time conflict and attest that it will not impact student learning.

) _____

Date

SECOND COURSE

_____ Course Number _____ Section _____ CRN _____

_____ r _____

) _____

Date