

**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**).
3. Student must get signatures from **BOTH** instructors.

Office Stamp

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ T-Number: \_\_\_\_\_  
Last First MI (or SSN if you do not know your Student ID#)

\_\_\_\_\_  
Student Signature Date

**SEMESTER/YEAR:**

Term:  Spring  Summer  Fall Year: \_\_\_\_\_

**JUSTIFICATION FOR TIME CONFLICT:**

Faculty should review specific time conflict prior to signing.

**FIRST COURSE**

Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Course Dates \_\_\_\_\_ - \_\_\_\_\_ Course Day(s) \_\_\_\_\_ Course Times \_\_\_\_\_ - \_\_\_\_\_

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

Instructor (Printed Name) \_\_\_\_\_

Instructor (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**SECOND COURSE**

Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Course Dates \_\_\_\_\_ - \_\_\_\_\_ Course Day(s) \_\_\_\_\_ Course Times \_\_\_\_\_ - \_\_\_\_\_

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

Instructor (Printed Name) \_\_\_\_\_

Instructor (Signature) \_\_\_\_\_ Date \_\_\_\_\_