

CLASS TIME CONFLICT EXCEPTION FORM

This form is to be used on the very rare occasions when a student will be permitted to take two courses that pose a time conflict. When this occurs, it is the Dean's responsibility, as indicated by signature, to ensure that the contact to credit hour minutes for the learning type is being met.

Student Name: _____

S#: _____ Date: _____

The classes that pose a time conflict:

Course: _____ Course Title: _____

Course: _____ Course Title: _____

Semester it is being taught: _____

The time conflict will result in _____ (minutes) being missed by the student for _____ (course). Both the faculty member/instructor and the student understand that this time must be made up with the same learning activity type as the class is scheduled to run. To that end, both the faculty member/instructor and the student agree to meet individually for _____ (minutes) over _____ (weeks) to make up the learning time that is missed by the time conflict.

Here is the rationale for why this override should be accepted:

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Signature of the Student: _____

Name of Faculty Member/Instructor: _____

Signature of Faculty/Member Instructor: _____

Name of Chair: _____

Signature of Chair: _____

Name of Dean: _____

Signature of Dean: _____

This form was received by the Registrar on _____ (date), and the
override was entered on _____ (date). The dean has been notified.

Name of Registrar: _____

Signature of Registrar: _____