Time Conflict Permit

Term (Check One)
Fall   Year
Student   Student ID   Spring   20
Summer

Dept.   Course #   Hours   Section #   Meeting Time   Days of Week   Instructor

_____
Instructor's Signature

The student has my permission to enroll in the above section. I agree to make any adjustments needed to accommodate the student because of the time conflict noted.

Dept.   Course #   Hours   Section #   Meeting Time   Days of Week   Instructor

_____
Instructor's Signature

Approvals:

_____   _____   _____   _____
Chair   Date   Chair   Date

_____   _____
Graduate School   Date