



**TIME CONFLICT APPROVAL FORM**

*Approval of time conflicts are granted based on exceptional cases only.*

| STUDENT NAME | STUDENT ID | PROGRAM |
|--------------|------------|---------|
|              |            |         |
| EMAIL        | TERM       | UGPA    |
|              |            |         |

Students are responsible for speaking with course and lab instructors involved to determine how the conflict will be handled. Final exam conflicts will not normally be approved. Program Chairs have final approval.

| FINAL EXAM CONFLICT            |  |                        |  |
|--------------------------------|--|------------------------|--|
| IS THIS A FINAL EXAM CONFLICT: | <input type="checkbox"/> Yes <input type="checkbox"/> No | FINAL EXAM DATE / TIME |  |
| EXAM TO BE PREPARED BY (NAME): |  | SIGNATURE:             |  |
| COMMENTS:                      |  |                        |  |
|                                |  |                        |  |

| COURSE CONFLICT                       |                        |                       |          |                                    |
|---------------------------------------|------------------------|-----------------------|----------|------------------------------------|
| CONFLICTING CLASSES / LABS            | TIME & DAYS OF CLASSES | COURSE/LAB INSTRUCTOR | COMMENTS | INSTRUCTOR'S SIGNATURE OF APPROVAL |
|                                       |                        |                       |          |                                    |
|                                       |                        |                       |          |                                    |
|                                       |                        |                       |          |                                    |
| COMMENTS:                             |                        |                       |          |                                    |
|                                       |                        |                       |          |                                    |
| EXACT MINUTES OF CONFLICT (PER WEEK): |                        |                       |          |                                    |

I understand that leaving class early or arriving late can be disruptive to the instructor as well as other students; it can also jeopardize my academic success in the course. I take full responsibility for making up all missed course- work caused by this conflict. All decisions are final and not eligible for appeal.

\_\_\_\_\_ Date  
 Student's Signature  
 Reviewed by an Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

| OFFICE USE ONLY – PLEASE DO NOT FILL IN THE BOX  |             |
|--|-------------|
| <input type="checkbox"/> Deny the request <input type="checkbox"/> Approve the request |             |
| Reason approval/rejection:   |             |
|  |             |
| _____ Date<br>Program Chair of Student   | _____ Date  |
| Processed By: _____  | Date: _____ |



## Academic Plan

| STUDENT NAME | STUDENT ID | EMAIL | Program |
|--------------|------------|-------|---------|
|              |            |       |         |

| DISCLAIMER  |  |      |  |
|---|--|------|--|
| <p>By submitting this academic plan, I acknowledge that any time conflict and/or missing pre-requisite is my responsibility. This form does <b>not</b> guarantee that time conflict requests and/or pre-requisite waiver requests will be approved.</p> |  |      |  |
| Student Signature   |  | Date |  |

(EX: Fall2024)

**Term:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Term:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Term:** \_\_\_\_\_

1. \_\_\_\_\_
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**Term:** \_\_\_\_\_

1. \_\_\_\_\_
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**Term:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
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4. \_\_\_\_\_
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**Term:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Academic Advisor Comments:



| STUDENT NAME | STUDENT ID | EMAIL | Program |
|--------------|------------|-------|---------|
|              |            |       |         |