

PETITION TO ALLOW TIME CONFLICTS

BP/AP 4226 Multiple and Overlapping Enrollments only permits requests for time conflicts of no more than 10 minutes.

Step 1: Complete per	sonal information.						
Name	ame Last First		 	Banner I.D. K			
Last	First	IV	Middle				
Email				Phone			
Step 2: List the cours	se information for bo	th courses b	elow.				
Semester (select one):	: Fall Spr	ring S	Summer	Year:	20		
Example:		tt Usenau'		Ŧ D		10EE . m	
50147 CRN	ART 101 Course Description	Handlosser, [Instructor	DJ	T, R Days		9:35a.m. – 10:55 a.m. Times	
Course #1:CRN	Course Descri	iption I	nstructor		Days	Times	
Cauraa #2:		•			-		
Course #2:	Course Descri	iption I	nstructor		Days	Times	
						-	
Step 3: Write a brief s	statement explaining	J why you mu	ıst take ı	hese course	s at tnese	times.	
	de up outside of classed on instructor record	must be direct	tly super	vised by the i	nstructor of	f the course. The mal	ke up
Please record the sp	pecific day(s) and time being made up in and	e(s) that the mi	issed cla	ss time will be	e made up ı	under your direct sup	
Day(s)			Tim	e(s)			
Comments:							
Instructor's Approval	I / Signature			Date			
Step 5: Sign and date petition will only be concerning the control of the control	considered for appro	val if extenua					
Student Signature	ent Signature				Date		
or office use only: Approved Denied							
Denied	Admissions & R	Records Reviewer/	/Processor		Date		