PETITION TO ALLOW TIME CONFLICTS

BP/AP 5047 Multiple and Overlapping Enrollments only permits requests for time conflicts of no more than 10 minutes.

Step 1: Complete personal information.

Name _______________________________________________  Banner I.D. K____________________________

Last   First   Middle

Email _______________________________________________   Phone ________________________________

Step 2: List the course information for both courses below.

Semester (circle one): Fall  Spring  Summer Year: 20____

Example:

CRN  50147  ART 101  Handlosser, D J  T, R  9:35a.m. – 10:55 a.m.

Course #1: CRN Course Description Instructor  Days  Times

Course #2: CRN Course Description Instructor  Days  Times

Step 3: Write a brief statement explaining why you must take these courses at these times.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Step 4: Take the petition to the instructor of the course in which you will be required to make up time. Obtain 1) description of day(s) and time(s) when missed course time will be made up and 2) approval signature.

Instructor use only

The hours to be made up outside of class must be directly supervised by the instructor of the course. The make up time must be recorded on instructor records and submitted with final grade documentation at the end of the semester.

Please record the specific day(s) and time(s) that the missed class time will be made up under your direct supervision. If the missed time is being made up in another CRN of the same course, provide that information.

Day(s)___________________________________________ Time(s)_______________________________________

Comments:_____________________________________________________________________________________

______________________________________________________________________________________________

Instructor’s Approval / Signature Date

Step 5: Sign and date the petition. Submit the completed petition to Admissions & Records for review. This petition will only be considered for approval if extenuating circumstances exist and all requirements are met. Check your email for the results of your petition.

Student Signature ___________________________ Date ___________________________

For office use only:

□ Approved
□ Denied

Admissions & Records Reviewer/Processor ___________________________ Date ___________________________