

Fall	20	___
Spring	20	___
Summer	20	___

COURSE CONFLICT AGREEMENT

To: _____
Instructor's Name

FROM: **Admissions & Records Office**

The student listed below has requested to enroll in a course that conflicts in time with another course. The student can only enroll in this class if you agree to document his/her time missed. We CANNOT receive State apportionment for classes that meet at the same time. Please complete and sign this form if you agree with the terms of this agreement.

I certify that I have made the following arrangements for the student named below. I will be present to supervise the make-up period and keep attendance records of the makeup time for a period of 3 years to comply with the State Audit requirements, and will provide copies of such to auditors if required.

Student Name:	Student ID#

Course Missed	Day & Time Missed Weekly	Total Time Missed Weekly	Day & Time of Make-up Weekly

Above Course Conflicts With:		
Course in Conflict	Section #	Meeting Time

Signed: _____
Student's Signature

Signed: _____
Instructor's Signature

Signed: _____
Division Dean's Signature

Office Use Only:	
Processed by: _____	Date: _____
<input type="radio"/> Approved	<input type="radio"/> Denied <input type="radio"/> Student Dropped/Notified