

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	ast	First		Middle	Banner I.D. K				
Email					Phone				
Step 2: List the course information for both courses below.									
Semester	(circle one):	Fall S	pring	Summer	Year: 20				
	xample:		Lloyed		TD	0.055			
	50147 CRN	ART 101 Course Description		losser, D J ructor	<u>T, R</u> Days	<u>9:35a.m. – 10:55 a.m.</u> Times			
Course #1					·····				
	CRN	Course Des	cription	Instructor	Days	Times			
Course #2:		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 s time must be recorded on instructor records and submitted						
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:						
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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		