Class Time Conflict Petition

STUDENT INFORMATION	
CWID:	Name:
Email Address:	

Incomplete petitions will be denied. All fields are required to be completed.

CLASS INFORMATION/CURRENTLY REGISTERED CLASS (Complete all lines):

Class: _____CRN_____ Please circle days: M T W TH F S

Instructor Name: _____

Lecture/Time _____ to _____ Lab/Time _____ to _____

Instructor Signature: _____ Date: _____

COURSE WITH CONFLICT AND TIME(S) BEING MISSED (Complete all lines):

Class: _____CRN_____ Please circle days: M T W TH F S

Instructor Name: _____

Lecture/Time _____ to _____ Lab/Time _____ to _____

Total time missed weekly: _____ Total time missed daily: _____

_____

Instructor Signature Date

INSTRUCTORS PLEASE NOTE: YOUR SIGNATURE VERIFIES THE ABOVE INFORMATION AND THAT YOU WILL BE PRESENT DURING LISTED MAKE UP TIMES.

OFFICE USE ONLY	
Date form Reviewed	Email Notification sent by/date
Comments:	

Rev. 10/2017