

Class Conflict Approval Form

Student Name: _____ Class of: _____

Student ID: _____ Semester: _____ Year: _____

The courses listed below require a satisfactory participation arrangement for the conflicting courses. Instructor signatures indicate approval.

Arrangement: _____

Course ID: _____ Course Title: _____

Instructor's Name (print)

Instructor's Signature

Date

Course ID: _____ Course Title: _____

Instructor's Name (print)

Instructor's Signature

Date