

Received By _____

Date _____

STUDENT PETITION TO APPROVE TIME CONFLICTS

NAME _____ **SSN or SCCID#** _____
Last First Middle

PHONE NUMBER _____ **DATE OF BIRTH** _____

COURSES IN CONFLICT:

<u>CRN #</u>	<u>Dept Name</u>	<u>Course Title</u>	<u>Unit Value</u>	<u>Day</u>	<u>Hour</u>	<u>Instructor</u>

REASON FOR PETITION: _____

INSTRUCTOR'S EXPLANATION OF HOW TIME WILL BE MADE UP AND DOCUMENTED BY THE INSTRUCTOR (a record of these hours must be submitted to the Office of Admissions and Records at the end of the semester):

(Instructor's Signature)

(Date)

Approved *Denied*

Division Dean's Signature

Date

OAR: *Approved* *Denied*

This petition will only be considered for approval if extenuating circumstances exist and all requirements are met. Petitions are considered on a case-by-case basis.

Attendance documents received.