

**School of Applied Sciences
Course Time Conflict Permission Form**

Student Name (PRINT): _____

ID: _____ Date: _____

Courses Involved (PRINT LEGIBLY):

Course	Section #	Meeting Days	Meeting Time	Instructor

***For Instructor Use ONLY—Check one and only one box below.
Only the instructor granting permission should fill out the information below.***

I hereby **grant permission** to the student listed above **to arrive at my class late.**

Instructor Name (PRINT): _____

Instructor Signature: _____

Date: _____

I hereby **grant permission** to the student listed above **to leave my class early.**

Instructor Name (PRINT): _____

Instructor Signature: _____

Date: _____

***All information on this form must be filled out completely for the form to be processed.
Please submit to the School of Applied Sciences Assistant Dean for Undergraduate
Academics for processing. Revised Summer 2024.***