College of Liberal Arts
Course Time Conflict Permission Form

Student Name (PRINT): __________________________________________________________

Student Signature: __________________________________________________________________

ID: __________________________ Date: __________________________

Courses Involved (PRINT LEGIBLY):

<table>
<thead>
<tr>
<th>Course</th>
<th>Section #</th>
<th>Meeting Days</th>
<th>Meeting Time</th>
<th>Instructor</th>
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</table>

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.
Revised on July 17, 2003.