

**College of Liberal Arts
Course Time Conflict Permission Form**

Student Name (PRINT): _____

Student Signature: _____

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.
Revised on July 17, 2003.*