



# Schedule Conflict Waiver

Step 1: Complete the top portion of the form.

Step 2: Take this form to the instructor of the course in which you will miss meetings or portions of meetings.

Step 3: Take this form to the Dean of Instruction for approval.

Step 4: If approved, take the form to the Admissions & Records office to register. By registering in the course using this form, you agree to abide by the arrangements the instructor has outlined for making up the work.

<b>Quarter</b>	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring			
<b>Name</b>	Last _____ First _____ Middle _____			<b>Student ID#</b> _____
<b>Address</b>	Mailing address _____			<b>Phone</b> _____
	City _____	State _____	Zip Code _____	<b>Email</b> _____
<b>Please list the courses that conflict:</b>				
<b>Course #</b>	_____	<b>Section</b>	_____	<b>Days</b> _____ <b>Time</b> _____
<b>Course #</b>	_____	<b>Section</b>	_____	<b>Days</b> _____ <b>Time</b> _____
<b>State the reason that you need to enroll in courses with an overlapping schedule. Please note that the college is unable to approve conflict waivers in which "scheduling convenience" is the reason for the request.</b>				
_____				
_____				
<b>Student Signature:</b> _____				<b>Date:</b> _____

### TO BE COMPLETED BY INSTRUCTOR

**Instructor:** If you agree to allow the student to make up a limited amount of class time, please describe the arrangements you have made for meeting and working with the student to make up the missed time. Missed time must be made up with instructor during the same week (Title 5, §55007).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY DEAN OF INSTRUCTION

Approved    Denied

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	Processed by: _____	Payment: _____	\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Billing	<input type="checkbox"/> Ck
				<input type="checkbox"/> M/V/D	<input type="checkbox"/> BOGW	<input type="checkbox"/> Kokanee	