

PETITION TO ALLOW TIME CONFLICTS
BP/AP 5047 Multiple and Overlapping Enrollments only permits requests for time conflicts of no more than 10 minutes.

Step 1: Con	nplete per	sonal information.						
Name					Banner I.D.	K		
Last		First		Middle				
Email				Phone				
Step 2: List	the cours	se information for b	oth cours	ses below.				
Semester (c	ircle one):	Fall Sp	oring	Summer	Year:	20		
	mple:	<b>ADT</b> (0)		5.				
	<u>147</u> RN	ART 101 Course Description	Handlo Instru	sser, D J uctor	<u>I, R</u> Days		9:35a.m. – 10:55 a.m. Times	
Course #1:								
Course #1	CRN	Course Desc	ription	Instructor		Days	Times	
Course #2: _								
_	CRN	Course Desc	ription	Instructor		Days	Times	
Step 3: Writ	te a brief s	statement explaining	g why yo	u must take	these course	es at these	e times.	
		• · · · · · · · · · · · · · · · · · · ·						
	on of day						ed to make up time. Ob 2) approval signature.	· ·
							of the course. The make ion at the end of the sen	
		ecific day(s) and time being made up in an					o under your direct supe formation.	rvision.
Day(s)	Day(s)			Tim	ne(s)			
Commonsta								
Comments	5							
Instructor's	s Approval	/ Signature			Date			
	,,,pp.01a.	, oignaturo			Date			
Sten 5: Sign	and date	the netition Subm	it the con	nnleted netit	ion to Admis	seione & I	Records for review. Th	nie
							all requirements are	
		the results of your		<b>3</b> -				
-		_	•					
Student Sigr	nature					Date		
or office use o	nlv.							
□ Approved	nny.							
□ Denied		Admissions & F	Records Rev	riewer/Processor	<del></del>	Date		