

METROPOLITAN STATE UNIVERSITY OF DENVER
TIME CONFLICT REQUEST FORM

Student Name: _____ 900#: _____

Email Address: _____ Anticipated graduation date: _____

Brief explanation of request: _____

You are required to obtain written approval from the Instructors, Department Chairs and Deans involved in the time conflict. If you will miss time in only one class, you need only obtain the required signatures for the affected course, but please list the information for both classes. You must submit this form to the Dean's Office as soon as possible after completion. Pending approval of your request, **you will be responsible for registering for the class in conflict.**

Course title	CRN#	Credits	Days/Times	Location	Time Missed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please state how you will compensate for the time/work missed by the time overlap:

Course 1:

 Instructor's Signature

 Department Chair's Signature

 Dean's Signature

[By signing above, you agree to the time conflict in question.]

Course 2:

 Instructor's Signature

 Department Chair's Signature

 Dean's Signature

[By signing above, you agree to the time conflict in question.]

This is to certify that I have authorized the Dean's Office to adjust my registration to reflect the time conflict for this semester, and I hereby accept full responsibility for any conflicts.

Student's Signature _____ Date _____