



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.

Quarter	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring
Name	Last _____ First _____ Middle _____			Student ID# _____
Address	Mailing address _____			Phone _____
	City _____	State _____	Zip Code _____	Email _____
Please list the courses that conflict:				
Course #	Section	Days	Time	
_____	_____	_____	_____	
Course #	Section	Days	Time	
_____	_____	_____	_____	
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.				

Student Signature: _____ Date: _____				

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: _____

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