Maine Maritime Academy

Scheduling Conflict Request Form

Verification Semester

☐ Fall ☐ Spring ☐ Summer

Year _____

NOTE:

If more than one course is affected by the conflict, a Conflict Request Form must be filled out for all courses.

CLEARLY PRINT ALL INFORMATION PRIOR TO SUBMITTING TO REGISTRAR'S OFFICE

Full name_____

Last First M.I.

Date_____

COURSES WITH CONFLICT

Course Number _____ **Section** _____

Course Number _____ **Section** _____

DEADLINES

IMPORTANT: Complete form must be returned to the Registrar's Office by the end of Add/Drop week

SECTION COMPLETED BY STUDENT

I understand that students are expected to attend classes as scheduled. However, for reasons stated below, I request to schedule the following courses concurrently.

I understand it is my responsibility to complete all course work. I am requesting this conflict for the following reason(s):

Conflict occurs on: _____

_____ _____

Student Signature Date

SECTION COMPLETED BY THE INSTRUCTOR

____ I am aware of the conflict but **will not** excuse this student from attending any classes.

____ I am aware of the conflict and **am willing** to work with the student under the following conditions:

_____ _____ _____

Instructor's Signature Course Number Date

Revised 11/2/11 Entered by: _____ Date: _____