



# Maine Maritime Academy Scheduling Conflict Request Form

Verification Semester		
<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> 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