

**TIME CONFLICT APPROVAL MEMO**

Date \_\_\_\_\_

**MEMO TO:**

CTAHR Academic Student Affairs Office

This is to inform you that we are aware that the below named student has a time conflict with our classes and that if s/he will be late to one class or has to leave early to get to the other class, that we are willing to accommodate the student so s/he will not fall behind.

**FROM:**

_____ Instructor #1	_____ Instructor #2
Course #1 _____	Course #2 _____
CRN #1 _____	CRN #2 _____
Days/Times _____	Days/Times _____

**RE:** Request for Time Conflict Approval for:

_____ UH ID#	_____ Last Name	_____ First Name	_____ M.I.
_____ Mailing Address		_____ City	_____ State    Zip Code
_____ UH E-mail Address		_____ Contact Phone No.	

**THIS SECTION TO BE COMPLETED BY INSTRUCTOR(S):**

The student will make up the missed class time and keep up with assignments in the following ways:

<b>COURSE #1</b>

<b>COURSE #2</b>

\_\_\_\_\_  
Instructor's Signature (Course #1)

\_\_\_\_\_  
Instructor's Signature (Course #2)