

CONFLICTING COURSE ENROLLMENT REQUEST FORM

Return to Admissions & Records Office
Incomplete or illegible forms will not be processed

PART A: TO BE COMPLETED BY STUDENT

Name _____ Fall Spring Summer _____ year
Last First MI

Email _____ MPC Student ID # ____ / ____ / ____

Address _____ Phone (____) _____

City State Zip

I request to be allowed to register in the conflicting courses listed below for the following reason(s):

Course Name & Number	Section #	Days & Times	Instructor

I understand that it is my responsibility to make up missed time (not more than ONE HOUR PER WEEK) as scheduled by the instructor below:

_____ Student Signature _____ Date _____

PART B: TO BE COMPLETED BY INSTRUCTOR

The above student has been authorized to be excused from the following scheduled course times:

Course Name _____ Section # _____ Days/Times Excused _____
Dept / Number

The following makeup schedule must account for the exact amount of time missed as per SIS schedule, NOT TO EXCEED ONE HOUR PER WEEK:

Day(s):	Time(s):

I verify that the hours missed will be made up under my supervision during the specific days/hours listed above, and that I will record the student's attendance on my Class Roster.

_____ Instructor Name (print) _____ Instructor Signature _____ Date _____