





# Petition to Allow Time Conflict Form

## Student Information

Quarter:  Summer  Fall  Winter  Spring

Year: 20\_\_\_\_

1<sup>st</sup> Course

CRN	Course Name	Class Day	Class Time	Units	Instructor Name	Minutes Missed

2<sup>nd</sup> Course

CRN	Course Name	Class Day	Class Time	Units	Instructor Name	Minutes Missed

DRAFT



