



Petition Type:
Issue (Request) Date:
Submission (Status) Date:
Term and Year:

### Class Time Conflict Petition to the Academic Standards Committee

Last Name:	First Name:	UPSID:
Mailing Address:		
Street: _____		
City: _____	State: _____	Zip: _____
Telephone Number(s):	Email Address:	

I request permission to register for:

Dept./Number/Section	Days/Times	Instructor
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Despite the schedule conflict with:

Dept./Number/Section	Days/Times	Instructor
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I understand my petition will be decided not only in consideration of the arrangements I have made, the burden on the instructors, and the disruption to either class, but also in consideration of the compelling nature of my desired schedule. Therefore, a statement is attached explaining why I am requesting registration in these classes and the arrangements to accommodate the conflict in my schedule and to compensate for the class times I will miss.

Student's Signature	Date
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Instructor Name	Signature	Date
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Instructor Name	Signature	Date
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Academic Standards Committee Decision

Registrar's Signature	Date
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Processed: \_\_\_\_\_