

-1	4321	M	9:45-10:45am			Norma Cuevas

I request that I be allowed to register in conflicting courses for the following reasons:

I understand that it is my responsibility to make up the time missed at some time during the same week as arranged with the instructor of the course from which I will be missing hours (see next page).

Student Signature

Date

SECTION II: INSTRUCTIONAL PLAN

Faculty proposal of weekly schedule for making up overlapping hours. Please include date, times and place you intend to meet with the student enabling them to gain the instruction missed. The time spent must equate to the same number of instructional hours missed each class meeting per week in order to enable the student to gain the instructional time/content missed.

Classroom time lost to time conflict will be made up as follows:

Days	Times	Weekly Time Made Up
Example: Wednesdays	10– 10:15 am	15 min

Content to be covered as follows:

The student will make up the time conflict as indicated above and will be under my direct supervision. I understand that, for audit purposes, I must maintain a written record of the make up time completed by the student in this class.

Instructor's Name

Instructor's Signature

Date

SECTION III: AREA DEAN APPROVAL (e) / Pn2.1 (e)-6 (II_)Tj 3 0 Td () (