

Art Department

The University of North Carolina at Pembroke

Permit for Time Conflict

Last Name _____ First Name _____

Banner ID _____ Semester _____

COURSES THAT CONFLICT

****Override: √ in front of the course that you have not registered for.**

____ Dept: _____ CRN _____ ____ Dept: _____ CRN _____

Class Title _____

Class Title _____

Start Time: _____ End Time: _____

Start Time: _____ End time: _____

Day of Week _____

Day of Week _____

Professor _____

Professor _____

Signature: _____

Signature: _____

Explain how the time conflict will be resolved (for example: arriving at the second class late and making-up time at the end of the class).

I agree to sign studio log at the entrance of the building each class to document made-up time.

Student signature _____ Date _____

Department Chair signature _____

**Please return completed form:
Art Department- Locklear Hall – Room 207**