TIME CONFLICT WAIVER FORM

Office of Advising

Under extenuating circumstances, time conflict waiver with special arrangements to make up for missed class time will be granted for **no more than 15 minutes per week**. Faculty members are not obligated to grant approvals or sign this slip. Permission of time conflict waiver will not be granted unless both faculty instructors indicate their approval by signing this form **with explanation of how conflict will be managed**. ***In the case of online and hybrid instruction, please indicate if it is acceptable for the student to miss synchronous sessions to avoid conflict.***

Student Name: _____ G-Number: G 00 __ __ __ __ __ __

Term: 20___ ☐ Fall ☐ Spring ☐ Summer

The above student has made arrangements to make-up for missed class overlap time of _____ minutes **per week** between:

CLASS 1:

CRN#	SUBJ/CRS/SEC	COURSE TITLE	DAY/TIME
_____	_____	_____	_____

Instructor comment **(required)**:

_____

(e.g., Student may arrive late for this class, student may leave early to arrive at other class, student may make up missed time)

Instructor signature: _____ Date:_____

CLASS 2:

CRN#	SUBJ/CRS/SEC	COURSE TITLE	DAY/TIME
_____	_____	_____	_____

Instructor comment **(required)**:

_____

(e.g., Student may arrive late for this class, student may leave early to arrive to other class, student may make up missed time)

Instructor signature: _____ Date:_____

For Office Use:

☐ Approved ☐ Not Approved Date:_____

_____

Director of Advising

Email sent to student: ☐

Please submit this form to Erwin 106 or email to advising@geneseo.edu for approval.

(revised 3/2025)