

# University of Kentucky College of Arts and Sciences Time Conflict Form

Please note: We will need approval from both instructors in order to process the time conflict request.

Student Name: \_\_\_\_\_

UKID: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Semester that you would like to request a time conflict approval (Complete and Circle One):      Fall 20\_\_\_\_\_      Spring 20\_\_\_\_\_      Summer 20\_\_\_\_\_

Courses with Time Conflicts			
Prefix	Number	Section	Professor
<i>Ex. ENG</i>	<i>168</i>	<i>001</i>	<i>Dr. Smith</i>

## Approvals

### To be completed by course instructor

Instructor Name:	
Instructor Email:	
Instructor Signature:	
Date:	

### To be completed by 2nd course instructor (if applicable)

Instructor Name:	
Instructor Email:	
Instructor Signature:	
Date:	

### To be completed by the A&S Advising Office

Date Received:	
Date Processed:	
Processed By:	

The completed form should be emailed to [asadvisingcenter@uky.edu](mailto:asadvisingcenter@uky.edu) for further processing. Incomplete forms will not be processed.