# Time Conflict Clearance Permit

## Academic Records Office

### Term

Student Name: ____________________________

ID Number: ____________________________

**Date**

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### Time Conflict

<table>
<thead>
<tr>
<th>Call Number</th>
<th>Course Prefix</th>
<th>Title</th>
<th>Signature of Instructor of Course</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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### Office Use Only

Data Entry Person: ________ Student Initial: ________ Date Received: ____________

Credits Before Change: ________ Credits After Change: ________

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