

Victor Valley College
SCHEDULE CONFLICT PETITION

Student Name: _____ **ID#** _____

Address: _____ **Phone:** _____

_____ **Semester/Year** _____

Student justification for request:

NOTES TO STUDENT: (Must read)

- 1) **Approval MUST to be granted by both instructors**
- 2) **Schedule conflict times must be made up by arrangement with instructors.**
- 3) **Once approvals have been received, you must return to the Office of Admissions and Records for official registration. Registration will take place only if space is available. Space will not be reserved while you seek the necessary approvals.**
- 4) **After approval is granted, the student assumes full responsibility for any effects the conflict may cause.**

STUDENT SIGNATURE: _____ **Date:** _____

Course #1 _____ **Course #2** _____

Section No. _____ **Section No.** _____

Days _____ **Days** _____

Times _____ **Times** _____

Instructor _____ **Instructor** _____

Approval granted _____ **Approval granted** _____

Approval denied _____ **Approval denied** _____

Instructor Signature _____ **Instructor Signature** _____

Date _____ **Date** _____

Instructor #1 – Please indicate how schedule conflict times will be made up.

Instructor #2 – Please indicate how schedule conflict times will be made up.

