

Class Conflict Form

3/2020

4150 Administration Drive, Berrien Springs, MI 49104-0800
Phone: 269-471-3375 Fax: 269-471-6001

Student's Name: _____
First Last

Andrews ID: _____

INSTRUCTIONS

- ▶ Include BOTH classes involved in conflict
- ▶ Include BOTH Instructor signatures

Course Acronyms and Numbers	Sec. No.	COURSE TITLE: TOPIC OF STUDY	Credits	Days	Time
				M T W Th F	
				M T W Th F	

Instructor's Signature Date

Instructor's Signature Date

SOLUTIONS: _____
