STUDENT NAME (PRINT) ___________________________ STUDENT NUMBER __________

CONFLICT DETAILS  
Course 1: ___________________________  __________________  __________________
Course 2: ___________________________  __________________  __________________

How do you propose to compensate for conflict?  (Indicate the course number)

- By listening to tapes for course _____________________________________________
- By using notes of other students for course _____________________________________
- By alternating absences (give pattern) _________________________________________
- By changing to another section later for course _________________________________
- Other (specify) ___________________________________________________________

I understand that I might experience greater challenges in performing well in the FHS course or specific consequences for a reduction in attendance.

Student’s signature: ___________________________  Date: ______________

To be completed by Faculty of Health Sciences:

☐  ☐  FACULTY PERMISSION
Approved  Not Approved

To Instructor:
Are there any special conditions you will impose on this student’s participation or performance?

__________________________________________  ______________________________________
Instructor’s Signature  U/G Coordinator’s Signature  Date Approved

Freedom of Information and Protection of Privacy
The information on this Form is collected under the general authority of the University Act (RSBC 1979, c. 419). This information is needed, and will be used, to evaluate your application/request and update student record. If you have questions about the collection or use of this information, contact U/G program Assistant, Faculty of Health Sciences, (778) 782-6902.