

**Time Override Form
Student Form**

Student Information

Today's Date: _____

Name: _____ M# _____

MTSU Email: _____@mtmail.mtsu.edu Current Class Schedule: **Attached Copy Required**

Reason for TIME Override: _____

Courses in Question:

Instructor whose class you will be **leaving early** (please print) _____

Department and Course Title: _____

CRN#, Course Number and Section Number: _____

Day & Time Course meets: _____

Instructor's Signature: _____ Date: _____

Instructor whose class you will be **arriving late** (please print) _____

Department and Course Title: _____

CRN#, Course Number and Section Number: _____

Day & Time Course meets: _____

Instructor's Signature: _____ Date: _____

Department Chairs' Approval:

CHEM Chair Name (printed) _____

CHEM Chair Signature: _____ Date: _____

BIOL Chair Name (printed) _____

BIOL Chair Signature: _____ Date: _____