**Please fill out this form, print it, sign it, and give it to your instructor.**

**You must give this form to your instructor prior to the interview.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ]Student Name: | | |  | | |
|  | | | | | |
| Date of Interview: | |  | | | |
|  | | | | | |
| Time of interview: | |  | | | |
|  | | | | | |
| Location of interview: | |  | | | |
|  | | | | | |
| Purpose: (note professional school, etc.)] | | | |  | |
|  | | | | | |
| Note course conflicts: | |  | | | |
|  | | | | | |
| My signature below affirms that this interview could not be rescheduled to another time that would not conflict with required course attendance, testing, or other mandated activities. | | | | | |
|  | | | | | |
| Date: |  | | | Signature: |  |