**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:  |  |