Complete this form to request permission to add courses with time conflict. Departmental and instructor permissions required. College will review and make final decision for all requests. Instructions for submission:

1) Complete the top portion, including your plan to resolve the time conflict.
2) Email instructors for both courses to obtain approval of your plan to resolve the time conflict, and the undergraduate program coordinator to obtain departmental approval for each course. *Note – BIO prefix courses (BIOXX) do not require departmental approval, only instructor approval to add.
3) Email completed form to as-studentserv@cornell.edu or return to KG17 Klarman Hall. Instructor and departmental approvals can be submitted via e-mail to this address if necessary.

Student Name: ______________________________ CUID #:__________ Net ID: ____________
Major(s): __________________________________ Graduation Year: _____________________

I am requesting permission to enroll in the two courses with time conflict:

CLASS #1 (Currently enrolled):
Subject/Catalog # ________________(e.g. ECON 1110)       Subject/Catalog #: __________________(e.g. CS 1110)
Class #: _________________________(e.g. #17582)
Dis/Lab #: _________________________________  Grade Opt:_______________ # of Credits___________
Class Meeting Time: _________________________   Class Meeting Time: ____________________________

Plan to resolve this conflict:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

To be completed by the instructors/department (required):

Instructor for Class #1 (Currently enrolled):
This student has permission to enroll in the above class. I approve the student’s plan.

Instructor Name (print): __________________________
Instructor Signature: ____________________________
Date: _________________________
Department Approval*: _______________________________________

Instructor & Department for Class #2
(Requesting to enroll):
This student has permission to enroll in the above class. I approve the student’s plan.

Instructor Name (print): __________________________
Instructor Signature: ____________________________
Date: _________________________
Dept. Approval* (to add): _______________________________________

By submitting this enrollment request, I acknowledge that I am enrolling in two classes with a time conflict. I understand that it is my responsibility to satisfy all of the requirements of both classes.

Student Signature: _______________________________________  Date: __________________________