

# College of Arts and Sciences Time Conflict Permission

Complete this form to request permission to add courses with time conflict. Departmental and instructor permissions required:

- 1) Visit the undergraduate program coordinator for departmental approvals
- 2) Get signature from instructor for each of the courses listed

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 # \_\_\_\_\_

Class #: \_\_\_\_\_

Dis/Lab #: \_\_\_\_\_

Class Meeting Time: \_\_\_\_\_

Dept. Approval: \_\_\_\_\_

**CLASS #2: (requesting to enroll)**

Subject/Catalog #: \_\_\_\_\_

Class #: \_\_\_\_\_

Dis/Lab #: \_\_\_\_\_

Class Meeting Time: \_\_\_\_\_

Dept. Approval: \_\_\_\_\_

**Plan to resolve this conflict:**

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**To be completed by the instructors (required):**

**Instructor for Class #1**

This student has permission to enroll in the above class.  
I approve the student's plan.

Instructor name (print): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructor for Class #2**

This student has permission to enroll in the above class.  
I approve the student's plan.

Instructor name (print): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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: \_\_\_\_\_

**Return this form to Arts & Sciences Student Services, KG17 Klarman Hall**