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) Complete the top portion, including your plan to resolve the time conflict.
2) Email instructors for each of the courses listed for approval of the plan to resolve the time conflict, and the undergraduate program coordinator for departmental approvals to add the second course.
3) Email completed form to as-studentserv@cornell.edu. Instructor and departmental approvals can also 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 # ___________________________       Subject/Catalog #: ______________________________
Class #: ___________________________________   Class #: ______________________________________
Dis/Lab #: _________________________________  Dis/Lab #: ____________________________________
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: ____________________________

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: __________________________

Return this form to as-studentservices@cornell.edu
Arts & Sciences Student Services, KG17 Klarman Hall

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