Complete this form to request permission to add courses with time conflict. Departmental and instructor permissions required. 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 to add the second 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. 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)  Class #: _______________ Dis/Lab #: ______________
Dis/Lab #: _________________________________  Grade Opt:_______________ # of Credits___________
Class Meeting Time: _________________________   Class Meeting Time: ____________________________

Plan to resolve this conflict:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**CLASS #2: (Requesting to enroll):**
Subject/Catalog # _______________(e.g. CS 1110)
Class #: _________________________ Dis/Lab #: ______________
Grade Opt:_______________ # of Credits___________
Class Meeting Time: __________________________

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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