

# 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. 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](mailto: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)

Class #: \_\_\_\_\_ (e.g. #17582)

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

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

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

Subject/Catalog #: \_\_\_\_\_ (e.g. CS 1110)

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

Grade Opt: \_\_\_\_\_ # of Credits \_\_\_\_\_

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](mailto:as-studentservices@cornell.edu)  
Arts & Sciences Student Services, KG17 Klarman Hall