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. 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)

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: _____

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: _____

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

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