



### REGISTRATION TIME CONFLICT

To register for courses with a time conflict, this form must be signed by the instructors of each course. Return the completed form to the Admission & Records Office in FSM 101.

\_\_\_\_\_ (student name)

\_\_\_\_\_ (student ID number)

I am asking permission to:

leave \_\_\_\_\_ (course title) \_\_\_\_\_ (amt of time) early

arrive at \_\_\_\_\_ (course title) \_\_\_\_\_ (amt of time) late

Comments:

**INSTRUCTORS:** Your signature certifies that you have discussed the time conflict with the student and agree to the student's request to register for overlapping classes.

CRN	COURSE	SECTION	COURSE TITLE	DAY	CLASS TIME	CLASS DATES
Instructor Signature:					Date:	
Printed Name:						

although the course time conflicts with:

CRN	COURSE	SECTION	COURSE TITLE	DAY	CLASS TIME	CLASS DATES
Instructor Signature:					Date:	
Printed Name:						

**COURSE MUST BE ADDED BY THE DEADLINE.  
SIGNATURES OF BOTH INSTRUCTORS REQUIRED.**