



Office of the Registrar

PERMISSION TO ENROLL IN A CLASS THAT HAS A TIME CONFLICT

Student ID: _____ Student Name: _____ (PLEASE PRINT)

I understand that this student was not able to register for this course because it conflicts with another course. I am willing to work with the student to make up the time that is missed due to the time conflict.

TERM: _____ NOTE: The overlap in classes should not exceed 15 minutes.

Conflicting course: CRN Subject Crs# Section Meeting Time
My course: CRN Subject Crs# Section Meeting Time

Signature of faculty

Date

Student must return the completed form to the Registrar's Office, Lyle Hall for processing.