



### TIME CONFLICT EXCEPTION REQUEST

Complete this form to request an exception for two courses in time conflict. Space must be available in the course and you must meet course requirements/prerequisites. Course time conflict requests require permission from **instructors of both courses** involved in the time conflict. Instructor signature indicates the student and instructor have made appropriate accommodation arrangements.

Student Name (Last, First, Middle): \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

Semester      [ ] Spring      [ ] Summer      [ ] Fall      YEAR: 20 \_\_\_\_\_

Provide the following information about the courses in conflict:

CRN Number (5 digits)	Course Subject (2-4 letters)	Course Number (4 digits)	Credit Hours	Instructor Signature	Date

CRN Number (5 digits)	Course Subject (2-4 letters)	Course Number (4 digits)	Credit Hours	Instructor Signature	Date

NUMBER OF CREDIT HOURS **AFTER** THIS CHANGE IS MADE: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED APPROVALS** - It is the responsibility of the student to obtain the approvals of **both instructors and/or advisor**. The request cannot be processed without all required approvals. The form will expire five business days after the date of the oldest **instructor** signature.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Only required during restrictive enrollment period)

<b>Registrar's Use Only</b>	
Processed By: _____	Date: _____