



### 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.

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

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

COMMENTS:

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

REQUIRED APPROVALS - It is the responsibility of the student to obtain the approvals below. The request cannot be processed without all required approvals.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Registrar's Use Only**

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_