

Course Conflict Permission Form



This form must be completed and signed **by all parties** and returned to the Registrar's Office in Student & Enrolment Services. It is your responsibility to ensure that appropriate changes to your registration are made by meeting with a Registration Advisor by the deadline listed in the Academic Schedule, section 2.0.

Registration in courses that result in timetable conflicts require the approval of the Dean of the Faculty in which you are registered.

Complete all sections of this form in pen. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

TO BE COMPLETED BY THE STUDENT		
Last Name	First Name	Student ID Number
Telephone	Email	
Semester and Year for which the permission is requested: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 1 <input type="checkbox"/> Spring 2 <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 Year: _____		
Indicate below why you believe permission should be granted:		
By signing this permission form, I am aware potential exam conflicts may exist if I am scheduled in conflicting courses.		
_____ Student Signature		_____ Date
If seats are still available, I would like to register in:	I am currently registered in:	
Course Code, Number and Section (ie. ENG 111 A)	Course Code, Number and Section (ie. HIS 111 A)	
Course Meeting Times (ie. MWF 9:00-10:50)	Course Meeting Times (ie. MWF 9:00-10:50)	
Instructor's Name	Instructor's Name	

TO BE COMPLETED BY THE DEAN OF FACULTY	
As the Dean of the Faculty in which the student is registered, I do: <input type="checkbox"/> Approve OR <input type="checkbox"/> Not Approve the course conflict indicated above.	Comments:
_____ Dean's Signature	_____ Date

TO BE COMPLETED BY THE REGISTRAR'S OFFICE		
Completed form received by the Registrar's Office	Initials	Date