

Course Conflict Permission Form

This form must be completed and signed **by all parties** and returned to the Registrar's Office. It is your responsibility to ensure that appropriate changes to your registration are made by meeting with a Registration Advisor. Registration in courses that result in timetable conflicts require the approval of the Dean of the Faculty you are registered in.

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

Surname	Student ID Number
First Name(s)	Semester and Year for which permission is requested: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____
Email address	Phone
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's Signature	_____ Date
Course Registration Request for (if seats are still available):	Course conflicts with:
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 as indicated above.	Comments:
_____ Dean's Signature	
_____ Date	

Completed form received in the Registrar's Office

Date: _____

Initials: _____