## COURSE CONFLICT REGISTRATION FORM

Registration in courses that result in timetable conflicts require the approval of each instructor and your faculty advisor. Note: There are some faculties that do not permit course conflicts within their programs. Please consult with your faculty advisor.

### Student Information
- Student Number _____________________________ Session ____________________________
- Last Name __________________________________ First Name ________________________________________
- Phone ______________________________________ E mail ____________________________________________
- Degree / Category ____________________________ Date of Request ____________________________

### Course Registration Request for:

<table>
<thead>
<tr>
<th>Term</th>
<th>Subject</th>
<th>Course</th>
<th>Section</th>
<th>Course Meeting Times (ie. MWF 9:30 – 10:30)</th>
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Comments: ______________________________________________________________ ____________________________

Instructor or Department Approval

Name (please print) ___________________________ Signature ___________________________ Telephone ___________________________

### Course conflicts with:

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Comments: ______________________________________________________________ ____________________________

Instructor or Department Approval

Name (please print) ___________________________ Signature ___________________________ Telephone ___________________________

### Faculty Approval:

Name (please print) ___________________________ Signature of Dean/Director/Faculty Advisor ___________________________ Date _____________ Telephone ___________________________