



Request to Allow Class Time Conflict (Overlap)

As a rule, students are discouraged from registering for two classes with overlapping meeting times. Leaving a class early or arriving at a class late is disruptive to the instructor and the other students in the class. Such overlaps and time conflicts also jeopardize a student's chances of success in a class because of missed material and exam schedule conflicts. If a student believes that extenuating circumstances warrant an exception to this rule, this form may be used to request their dean's approval.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_
Please print Last First Middle

Term: [ ] Fall [ ] Spring [ ] Summer I [ ] Summer II Year: \_\_\_\_\_

Course 1: \_\_\_\_\_ Course 2: \_\_\_\_\_
Dept Course # Section Instructor's name
CRN: \_\_\_\_\_ Meeting days and times

Instructions to the student:

- 1. Complete the above portion of this form.
2. Discuss the overlap situation with the instructor for each class involved in the time overlap.
3. If your instructors approve the overlap, ask each instructor to sign the bottom of this form.
4. Bring the form with both signatures to the office of your dean and discuss the overlap situation with that office.
5. Dean's Office approval, indicated by their signature at the bottom of this form, is necessary for this type of override.
6. Bring the form with all three signatures to the Registrar's Office for processing.

I understand the risks registering for a time conflict and have discussed the ramifications of doing so with each instructor involved.

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

Signature of Course 1 Instructor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Course 2 Instructor \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Dean of the Student's College or School \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF THE REGISTRAR