

# COURSE CONFLICT OVERRIDE REQUEST

## Important things to know prior to completing this form:

- You **must register** for one of the two courses in conflict
- This form will only override the time conflict
- This form will **not** override a department approval
- All prerequisites must be completed before a student can be registered for a course
- Course conflict override requests must be received **prior to add/drop deadline**
- If submitted after the add/drop deadline, you must also attach a late add petition

(Please print)

Name: \_\_\_\_\_ B-Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Fall  Winter  Spring  Summer Semester: (Enter Year, YYYY) \_\_\_\_\_

## Course 1: Register yourself for Course 1 on BU BRAIN.

Course Title _____	Subject _____
Course Number _____	Section Number _____
CRN _____	

## Course 2: The Financial Aid and Student Records office will register you for Course 2.

*Please fill in all applicable sections pertaining to Course 2.	
Course Title _____	Subject _____
Course Number _____	Section Number _____ CRN _____
Discussion Section Number or CRN _____	Activity Section Number or CRN _____

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Instructor's approval must be obtained from the class you will be **missing** time from.

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

## OFFICE USE ONLY

Date Processed: \_\_\_\_\_ Initials \_\_\_\_\_