

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 department approval.
- Course conflict override requests must be received **prior to add/drop deadline**

CAUTION: Any changes to your schedule following a course conflict override must be made by Financial Aid and Student Records.

(Please print)

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

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

Course 1: I will leave early from this class. I will arrive late to this class.

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

Course 2: I will leave early from this class. I will arrive late to this class.

Course Title _____ Subject _____
Course Number _____ Section Number _____
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

Processed in Financial Aid and Student Records on: _____ by _____
(mm/dd/yyyy) (Initials)