# Time Conflict Approval - All Students

**NOTE:** As per The School of Engineering policy, enrolling in two courses that meet at overlapping time(s) is prohibited. Leaving a class early or arriving late is disruptive to the instructor and other students in the class. Such time conflicts also jeopardize a student’s academic success in a class. This form is only to be used if a student, with the agreement of their adviser, believes that **extenuating circumstances** warrant an exception to this rule. Please attach a Course Enrollment & Drop form and submit BOTH forms to the Records and Registration Office for consideration.

### Registration Term

<table>
<thead>
<tr>
<th>Fall 20____</th>
<th>Spring 20____</th>
<th>Summer 20____</th>
<th>Winter 20____</th>
</tr>
</thead>
</table>

### Name and Poly ID

- **Name:** ______________________________
- **Poly ID:** ______________________

### Email and Degree/Major

- **Email:** ______________________________
- **Degree/Major:** ______________________

### Career

- **Career:**
  - Non-Matric
  - Undergraduate
  - Graduate

### Course Information

<table>
<thead>
<tr>
<th>Course #1</th>
<th>Course #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subj</td>
<td>Catalog #</td>
</tr>
<tr>
<td>Instructor’s name</td>
<td></td>
</tr>
<tr>
<td>Meeting Days and Times</td>
<td></td>
</tr>
</tbody>
</table>

### For the Instructors

I approve that this student be permitted to leave my class early, arrive late, or miss class time due to the scheduling conflict above.

- **Signature of Course #1 Instructor:** ______________________________
- **Date:** ______________________________

- **Signature of Course #2 Instructor:** ______________________________
- **Date:** ______________________________

### For the Student

I understand the risks of registering for a time conflict; have discussed the ramifications of doing so with my instructors and advisor, and take full responsibility for making up all missed course work and class time caused by this conflict.

- **Student’s Signature:** ______________________________
- **Date:** ______________________________

### For the Adviser

I support this student’s request to enroll in the conflicting courses above. I believe this conflict will not hinder this student’s academic performance in either course.

- **Adviser’s Signature:** ______________________________
- **Date:** ______________________________

### For Records and Registration Office Use Only

- **Approved by:** ______________________________
- **Processed By:** ______________________________
- **Date Processed:** ______________________________