## 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:      Fall 20\_\_\_\_      Spring 20\_\_\_\_      Summer 20\_\_\_\_      Winter 20\_\_\_\_

Name: _____      Poly ID _____

Email: _____      Degree/Major: _____

Career (check all that apply):          Non-Matric          Undergraduate          Graduate

| Course #1 | Course #2 |
|---|---|
| \_\_\_\_\_ _____-  _____  _____ <br> Subj   Catalog #   Section     Class # <br><br> Instructor's name_____ <br><br><br> _____ <br> Meeting Days and Times | \_\_\_\_\_ _____-  _____  _____ <br> Subj   Catalog #   Section     Class# <br><br> Instructor's name_____ <br><br><br> _____ <br> Meeting Days and Times |

**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: _____