**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 an Add/Drop form and submit BOTH forms to the Records and Registration Office (at Tandon.registration@nyu.edu) for consideration.

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

Name: ______________________________   N Number __________________

Email: ______________________________   Degree/Major: __________________

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

<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: ___________________________