



## TIME CONFLICT CONSENT FORM

STUDENT NAME: \_\_\_\_\_

ID# \_\_\_\_\_ CAMPUS BOX# \_\_\_\_\_ LOCAL PHONE # \_\_\_\_\_

THE ABOVE NAMED STUDENT HAS CONSULTED WITH ME WITH REGARD TO THE TIME CONFLICT BETWEEN THE FOLLOWING COURSES AND HAS MY CONSENT TO REGISTER.

COURSE # & SECTION #	COURSE TITLE	MEETING DAYS & TIMES	INSTRUCTOR SIGNATURE

**NOTE: SIGNATURES OF BOTH INSTRUCTORS ARE REQUIRED.**

THIS CONSENT WILL NOT ALLOW STUDENTS TO REGISTER IN A COURSE THAT IS ALREADY CLOSED. STUDENTS SHOULD PRESENT THIS CARD TO A REGISTRAR'S OFFICE STAFF MEMBER AT ANY TIME AFTER THE BEGINNING OF THEIR APPOINTMENT TIME FOR PRE-REGISTRATION.