College of Arts and Sciences Time Conflict Permission

Complete this form to request permission to add coupermissions required: 1) Visit the undergraduate program coordinator 2) Get signature from instructor for each of the	r for department	·	
Student Name:	CUID #:	Net ID:	
Major(s):	Graduation Year:		
I am requesting permission to enroll in the two cour	ses with time c	onflict:	
CLASS #1 (currently enrolled):	CLAS	CLASS #2: (requesting to enroll)	
Subject/Catalog #	Subjec	Subject/Catalog #:	
Class #:	Class	Class #:	
Dis/Lab #:	Dis/La	Dis/Lab #:	
Class Meeting Time:	Class	Class Meeting Time:	
Dept. Approval:	Dept. Approval:		
		×	
To be completed by the instructors (required):		· · · · · · · · · · · · · · · · · · ·	
Instructor for Class #1 This student has permission to enroll in the above class I approve the student's plan.	s. This s	Instructor for Class #2 This student has permission to enroll in the above class I approve the student's plan.	
Instructor name (print):	Instru	ctor name (print):	
Instructor Signature:	Instru	Instructor Signature:	
Date:	Date:	Date:	
By submitting this enrollment request, I acknowled understand that it is my responsibility to satisfy all			
Student Signature:		Date:	
Return this form to Arts & Scie	nces Student S	Services, KG17 Klarman Hall	