



UNIVERSITY OF
MARY HARDIN-BAYLOR
EDUCATION FOR LIFE... EXPERIENCE OF A LIFETIME

Time Conflict Override Form

Student Name _____ **Student ID#** _____

Semester _____ **Year** _____

Course 1

Department prefix: _____

Course # _____ Section# _____

Day: _____

Time: _____

Course 2

Department prefix: _____

Course # _____ Section# _____

Day: _____

Time: _____

Which Course is being modified and why?

Describe changes to be made to accommodate both courses.

Course 1:

Professor: _____ Date: _____

Associate Dean: _____ Date _____

Course 2:

Professor: _____ Date: _____

Associate Dean: _____ Date _____

If Course 2 is not impacted by the accommodations, no signatures are required.

I understand and agree to the course modifications outlined above.

Student's Signature: _____ Date: _____

In the College of Christian Studies, the Dean signs for the Associate Dean.

In the College of Visual and Performing Arts, the Department Chair signs for the Associate Dean.