

Time Conflict Override Form

Year: _____ Fall Spring Summer

Name: _____ ID: _____

Course 1

Department prefix: _____

Course # _____ Section# _____

Day: _____

Time: _____

Course 2

Department prefix: _____

Course # _____ Section# _____

Day: _____

Time: _____

Describe changes to be made to accommodate both courses:

Course 1:

Professor: _____

Date: _____

Associate Dean: _____

Date: _____

Signatures required for both courses

Course 2:

Professor: _____

Date: _____

Associate Dean: _____

Date: _____

Signatures required for both courses

In situations that the Associate Dean is not applicable, the Dean will sign.

I understand and agree to the course modifications outlined above.

Student's Signature: _____ Date: _____