



PERMISSION TO OVERRIDE TIME CONFLICT

STUDENT _____ ID _____

SEMESTER/YEAR _____ DATE _____

I APPROVE ENROLLMENT IN MY COURSE WHICH HAS A TIME CONFLICT WITH THE OTHER COURSE LISTED.

COURSE NUMBER/TITLE _____ CALL NO. _____ CRS _____

INSTRUCTOR SIGNATURE _____

COURSE NUMBER/TITLE _____ CALL NO. _____ CRS _____

INSTRUCTOR SIGNATURE _____

RETURN WITH SIGNATURES TO THE **CEHSP STUDENT AFFAIRS OFFICE** IN **BOHANNON HALL 120**.