

UNIVERSITY OF MINNESOTA DULUTH

**Class time conflict approval  
Up through the 2nd week of the term**

**Directions**

You must obtain approval from **both** instructors to register for classes that have less than a ten (10) minute separation, or overlapping times. If an instructor has not yet been assigned for a class, contact the department offering the class to obtain an authorized signature. The final decision about your request will be made by the registrar's office.

Make sure you have no holds on your record so this request can be processed. If adding the course will increase your credit total to more than 20 credits, you must also submit the *Request for term limit overload* form.

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

**Return this form on campus to:**

Student Assistance Center  
23 Solon Campus Center

**or mail to:**

Office of Financial Aid and Registrar  
University of Minnesota Duluth  
184 DAdB  
1049 University Drive  
Duluth MN 55812-3011

**or fax to:** 218-726-6144

**Questions, or need alternative format?**

**E-mail:** umdhelp@d.umn.edu

**Phone:** 218-726-8000

**Student demographic information**

Student ID number		Date	
Name		Major	
UMD E-mail	@d.umn.edu	College of enrollment	
Term of class conflict <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> May/Summer Year 20__ __		Enrollment status <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	

**Conflict approvals**

**Instructor:** By signing this form, you are authorizing ONLY the time-conflict permission between the below courses.

**Student:** If this form is submitted after the second day of the term, you must obtain a permission number for enrollment.

**Course 1, in which you are already enrolled**

Course subject, number, section (Psy 1003-2)	Instructor's name	
	Instructor's signature	Date

**Course 2, which you are requesting to add**

Course subject, number, section (Psy 1003-2)	Class number (5 digits)	Cr	Permission number	Grade basis A-F or S-N	Instructor's name	
					Instructor's signature	Date

Instructor's comments

**By signing this form,** you are authorizing the Office of the Registrar to process this time conflict request. **Note:** By registering for classes, you enter into a legally binding contract to pay all tuition and fees, including any non-refundable fees.

**Student signature**

Date

**UMD Registrar's Office decision**

approved  denied

Date

Printed name	Signature	
Comments	Processing date	Student notified