

UNIVERSITY OF MINNESOTA DULUTH

Time conflict

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 through the second week of the term**. 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 *Term credit 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:

One Stop Student Services
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 information					
Student ID number			Date		
Name (last, first, middle)			Major		
UMD Email @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					
<p>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.</p>					
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					
<p>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.</p>					
Student signature					Date
UMD Registrar's Office decision <input type="checkbox"/> approved <input type="checkbox"/> denied					Date
Printed name			Signature		
Comments			Processing date		Student notified