

For Office Use:
Processed:
CRN _____ Date _____

**TIME CONFLICT COURSE CONTRACT**

Requesting permission to enroll in courses that are offered at an overlapping time. Courses must be necessary to meet graduation requirements when no alternative options exist.

**Part A: To be completed by student.**

_____	_____	_____	_____
Student Name	Student ID Number	E-mail	Phone
_____	_____	_____	
Major- Primary	Hrs. Earned	Cum. GPA	

**Course I:**

CRN \_\_\_\_\_ Course Prefix, Number \_\_\_\_\_ Registered for this course  Yes  No

Meeting Time (days & time): \_\_\_\_\_

Instructor: \_\_\_\_\_ (Print name) Number of Credit Hours \_\_\_\_\_

**Course II:**

CRN \_\_\_\_\_ Course Prefix, Number \_\_\_\_\_ Registered for this course  Yes  No

Meeting Time (days & time): \_\_\_\_\_

Instructor: \_\_\_\_\_ Number of Credit Hours \_\_\_\_\_

Semester of conflict:  Fall  Spring  Summer Year: \_\_\_\_\_

**Part B: To be completed by both instructors and student.**

I. **Justification for Dual Enrollment in Concurrent Courses** (Statement of why the student needs to take both courses offered at the same time):

Course I

Course II

II. **Procedures** (statement of how the student will complete requirements for both courses):

Course I

Course II

III. **Evaluation** (the specific means and criteria for grade assessment: attendance, written and/or oral tests, term papers, reports, etc.):

Course I

Course II

IV. **Additional information:**

Course I

Course II

(Attach syllabus and use additional pages if necessary.)

**Part C: Approvals.**

**Signatures:**

Student \_\_\_\_\_ Date \_\_\_\_\_

Course I  
Instructor \_\_\_\_\_ Date \_\_\_\_\_

Course II  
Instructor \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form to the Office of the Registrar for processing.**