



Office of the Registrar

For Office Use: Processed: CRN _____ Date _____

TIME CONFLICT COURSE CONTRACT

This form is used when requesting permission to enroll in courses that are offered at an overlapping time. Courses must be necessary to meet graduation requirements when no alternative option(s) 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: _____ (Print Name) 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 _____

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