

**RESOLUTION OF TIME CONFLICT FOR
OVERLAPPING CLASS TIMES**

_____ Semester 20____

I, _____, have two classes that overlap during the semester indicated above. The instructors of both courses and my advisor are aware of the conflict and approve of the resolution listed below.

The two classes that conflict:

DEPT	COURSE #	COURSE TITLE	DAYS	START TIME	END TIME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EXPLAIN HOW THE TIME CONFLICT WILL BE RESOLVED: (Do not leave blank.)

Instructor signature (flexible course) Date

Advisor signature Date

**COMPLETED FORM MUST ACCOMPANY REGISTRATION FORM
IN ORDER FOR COURSES TO BE ENTERED.**