

# College of Arts and Sciences

## Time Conflict Permission

**Complete this form to request permission to add courses with time conflict. Departmental and instructor permissions required. College will review and make final decision for all requests. Instructions for submission:**

- 1) Complete the top portion, including your plan to resolve the time conflict.
- 2) Email instructors for both courses to obtain approval of your plan to resolve the time conflict, and the undergraduate program coordinator to obtain departmental approval for each course. *\*Note – BIO prefix courses (BIOXX) do not require departmental approval, only instructor approval to add.*
- 3) Email completed form to [as-studentserv@cornell.edu](mailto:as-studentserv@cornell.edu) or return to KG17 Klarman Hall. Instructor and departmental approvals can be submitted via e-mail to this address if necessary.

Student Name: \_\_\_\_\_ CUID #: \_\_\_\_\_ Net ID: \_\_\_\_\_

Major(s): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**I am requesting permission to enroll in the two courses with time conflict:**

**CLASS #1 (Currently enrolled):**

Subject/Catalog # \_\_\_\_\_ (e.g. ECON 1110)

Class #: \_\_\_\_\_ (e.g. #17582)

Dis/Lab #: \_\_\_\_\_

Class Meeting Time: \_\_\_\_\_

**CLASS #2: (Requesting to enroll):**

Subject/Catalog #: \_\_\_\_\_ (e.g. CS 1110)

Class #: \_\_\_\_\_ Dis/Lab #: \_\_\_\_\_

Grade Opt: \_\_\_\_\_ # of Credits \_\_\_\_\_

Class Meeting Time: \_\_\_\_\_

**Plan to resolve this conflict:**

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**To be completed by the instructors/department (required):**

**Instructor for Class #1 (Currently enrolled):**

This student has permission to enroll in the above class.  
I approve the student's plan.

Instructor Name (print): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Approval\*: \_\_\_\_\_

**Instructor & Department for Class #2**

**(Requesting to enroll):**

This student has permission to enroll in the above class.  
I approve the student's plan.

Instructor Name (print): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dept. Approval\* (to add): \_\_\_\_\_

**By submitting this enrollment request, I acknowledge that I am enrolling in two classes with a time conflict. I understand that it is my responsibility to satisfy all of the requirements of both classes.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_