



School of Computing, Data Sciences & Physics

Time Conflict Override Form

Use this form when you wish to take two courses for which the scheduled times overlap.

You must obtain the permission of both course instructors.

Instructions

Signatures required before turning in the form:

- Student;
- Both instructors whose course times conflict;
- Director of Graduate Studies for the student's graduate program.

Deadline: Form is due no later than the last day of the Add/Drop period.



School of Computing, Data Sciences & Physics

Time Conflict Override

Student's Name: R.T. Griffin Banner ID #: 939999999

Dept/Program: _____ Degree: ☐ M.S. ☐ Ph.D.

Year: _____ Semester: ☐ Fall ☐ Spring ☐ Summer

Courses with Time Conflicts:

Course CRN#	Dept.	No. & Section	Credits	Meeting Days and Time

Instructor #1: Print Name | Signature _____ Date _____

Instructor #2: Print Name | Signature _____ Date _____

Director of Graduate Studies: Print Name | Signature _____ Date _____

By signing below, I assume full responsibility for managing the time conflict and dropping a course in the event I decide not to remain enrolled.

Student Signature _____ Date _____

Assistant Dean for Graduate Studies Signature _____	Date _____
Processed: _____	