TIME CONFLICT OVERRIDE

GUIDELINES: **_This form should be used when a student wishes to take two courses whose scheduled times overlap._** You must have the permission of both instructors affected by the time conflict.

INSTRUCTIONS:
1. Complete Sections A and C of this form. (**Student MUST be registered for one of the courses listed below.**)
2. Obtain both instructors' signatures for approval in Section B.
3. Return this form to the Office of the University Registrar no later than the last day of the Add/Drop period.

NOTE:
1. After registration, your schedule will be viewable in PATH. Verify enrollment in Course One **then** submit this form. Your form will be processed during the add/drop period.
2. If conflicted class is closed, your form will _not_ be processed. Instead, add yourself to the **waitlist** for the closed course. It will be your responsibility to check your email (to include spam) regularly once you've added yourself to the waitlist. If you receive the waitlist offer, forward the email **immediately** (within the 24 hours) registrar@wm.edu. Please calculate processing time in the 24-hour window. As a reminder, The University Registrar's Office is open Monday-Friday, 8 AM – 5 PM.

SECTION A   STUDENT INFORMATION

Name: _____ **93#**_____

      (Last)   (First)   (MI)   Student ID #

_____
Semester and Year

Courses with Time Conflicts:

Course Reference Number (CRN)	Course ID *(Department, Course number, Section)*	*Credit Hours (#)*	*Meeting Days & Times*

SECTION B
To the Faculty:

If you wish to provide permission to override a time conflict between the two courses listed above, please sign below. Both instructors' signatures are required for student registration in both courses.

******_INSTRUCTOR USE ONLY_*******

_____   _____
Instructor Signature for Course 1   Date   Instructor Signature for Course 2   Date

Print Name: _____   Print Name: _____

SECTION C   STUDENT ACKNOWLEDGEMENT

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

_____   _____
Student Signature   Date

******FOR OFFICE USE ONLY*******

Processed by: _Initials_ _____ _Date_ _____   Added to student file: Initials _____ Date _____

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