



The College of William and Mary
 Office of the University Registrar
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TIME CONFLICT OVERRIDE

This form should be used when a student wishes to take two courses whose scheduled times overlap. Both Instructors affected by the time conflict must provide their permission below.

Instructions:

1. Complete Sections A and C.
2. Obtain the instructors' signatures for approval in Section B.
3. Return this form to the Office of the University Registrar's during a scheduled registration or add/drop period only.

SECTION A

STUDENT INFORMATION

Student Name (Last) _____ (First) _____ (MI) _____ 930# _____
 Student ID # _____

Effective Semester and Year _____

Course Reference Number (CRN)	Course ID <i>(Department, Course number, Section)</i>	# Credit Hours	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. Signatures of both instructors are required:

*****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 dropping the course if I decide not to remain enrolled.

Student Signature _____ Date _____

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

Processed by: *Initials* _____ *Date* _____

Classification: _____ SO _____ JR _____ SR _____ (UNCL) _____