The College of William and Mary
Office of the University Registrar
PO Box 8795
Williamsburg, VA 23187-8795
757-221-2800 Fax 757-221-2151
registrar@wm.edu

TIME CONFLICT OVERRIDE

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 for Student:

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

SECTION A **STUDENT INFORMATION**

_____ **93#**_____
Student Name (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 dropping a course in the event I decide not to remain enrolled.

_____ _____
Student Signature Date

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

Processed by*: Initials* _____ *Date* _____

Rev:11/2011