

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.

Return form by email to the Office of Graduate Studies (dean-gsr@wm.edu). Use your W&M email account when submitting forms to the OGS.



 $OFFICE\ OF\ GRADUATE\ STUDIES\\ Blow\ Memorial\ Hall\ (Suite\ 326),\ 262\ Richmond\ Road\\ 757-221-1966\ |\ dean-gsr@wm.edu$

Time Conflict Override

Student's Name: Dept/Program:							
Year:			Semester:	Semester: Fall Spring Summer			
Courses v	vith 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	
	g below, I assume fo ecide not to remain		ility for managing t	the time co	onflict and droppir	ng a course in the	
Student Sigi	nature					Date	
	Dean for Graduate S	tudies Signati	Iro			Date	
OGS		y: Initials __		te		Date	