



CALIFORNIA STATE UNIVERSITY
DOMINGUEZ HILLS

APPROVAL FOR TIME CONFLICT

OFFICE OF ADMISSIONS AND RECORDS (WH 290)

FOR OFFICE USE ONLY
PLACE DATE STAMP HERE

TO BE COMPLETED BY STUDENT: (Please Print)

STUDENT ID: _____ LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ TERM: _____ DATE: _____

CRN	DEPT.	COURSE NUMBER	SECTION	DAYS	BEGIN TIME	END TIME	INSTRUCTOR SIGNATURE APPROVAL	DATE

I request approval to enroll in courses with a time conflict because: _____

INSTRUCTIONS FOR APPROVAL FOR TIME CONFLICT

- Obtain approval (signature) of instructor for **each** conflicting course for permission to enroll in courses with a time conflict.
- This form **MUST** be accompanied by a *CHANGE OF PROGRAM* form with Late Add Access Numbers.
- Return this completed form with the Late Add Access Number(s) affixed to a *CHANGE OF PROGRAM* form to the Office of Admissions and Records to be registered in-person, during late registration period *only*.