TO BE COMPLETED BY STUDENT: (Please Print)

STUDENT ID: ___________________ LAST NAME: ___________________ FIRST NAME: ___________________

PHONE NUMBER: ___________________ TERM: ___________________ DATE: _____________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>DEPT.</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>DAYS</th>
<th>BEGIN TIME</th>
<th>END TIME</th>
<th>INSTRUCTOR SIGNATURE APPROVAL</th>
<th>DATE</th>
</tr>
</thead>
</table>

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.