



Permission to Register for Courses with a Time Conflict

Name

Date

UID#

Cumulative GPA

Email Address

Phone #

Semester

COURSES WITH A TIME CONFLICT

Course: (ex. ENGL 101)

Section: (ex. 0302)

Time: (ex. 1:00 – 3:00 MWF)

Instructor:

* See below for Instructor's Permission

Course:

Section:

Time:

Instructor:

* See below for Instructor's Permission

Explanation of why you need to register for courses with a time conflict.

*You must have the support of BOTH instructors before approval of a time conflict will be considered. The instructors may write a letter on department letterhead or send an email message to: brickm@umd.edu.

My signature below indicates that I have read and understand the information on this form.

Student's Signature & Date

Advisor's Signature & Date

OFFICE USE ONLY

APPROVED

DENIED

PENDING

Dean's Office Signature _____ DATE _____