University of Wisconsin PARKSIDE

Time Conflict Permission Form

This form allows students to register for courses which conflict in time. Instructors for both classes must agree to the time conflict. The student is required to complete all coursework and meet deadlines as outlined in the course syllabi. Completed forms must be submitted to the Registrar's Office before the Add Deadline as published in the Academic Term Calendar. Students will be notified through UWP email when enrollment has been processed.

Student Name: _____ Student ID Number: _____

Student UWP Email: _____ Phone Number: _____

Term: Fall _____ Spring _____ Summer _____

I am currently registered in the following course involved in the conflict:

Class Number	Department	Course Number	Section Number	Days	Times	Instructor Name

I am requesting permission to register for the following course which will be in conflict with the above course;

Class Number	Department	Course Number	Section Number	Days	Times	Instructor Name

Instructor Signatures: I am aware of the time conflict and agree to allow this student to enroll in my class:

_____ _____ _____

Instructor Signature Course Date

_____ _____ _____

Instructor Signature Course Date

Student Signature: I agree to complete all required coursework and meet established deadlines. I currently have no holds on my account which would prevent the processing of this request. I understand that processing this request may produce a balance owed and it is my responsibly to contact the Cashier's Office and determine what charge, if any, has been added to my account.

_____ _____

Student Signature Date