

TIME CONFLICT APPROVAL

Name _____ Student ID # _____
E-mail _____ Class/Year _____

I UNDERSTAND THAT WHEN ALL THE SIGNATURES HAVE BEEN OBTAINED AND THIS FORM HAS BEEN TURNED IN TO ACADEMIC SERVICES, I WILL BE AUTOMATICALLY REGISTERED.

Student Signature _____ Date _____

Quarter and Year _____

TIME CONFLICT APPROVED FOR

Course Number and Title _____
Course Schedule _____

Instructor Approval _____ Date _____

AND

Course Number and Title _____
Course Schedule _____

Instructor Approval _____ Date _____

Administrative Approval _____ Date _____

A time conflict between two courses may be approved only in the following circumstances:

1. Both instructors approve the conflict.
2. An academic administrator approves the conflict.
3. One course meets for at least three hours per week and the other meets for at least two hours per week.
4. The conflict is not for more than one hour per week.
5. Minor conflicts in scheduling of B520, Trial Advocacy, and various seminars may, while not qualifying for possible approval under these provisions, be approved in some circumstances. Students with such conflicts should consult Academic Services.
6. Student shows strong necessity to take both courses in the same quarter.