

Waiver for Course Conflict

The student identified below would like to register for two or more courses that have one or more conflicts. We the faculty agree that this/these conflict(s) are acceptable provided the student adheres to the special arrangements. The completed form MUST be submitted with the Registration or Drop/Add form containing the conflict.

Student Name:

**Student ID #
or S.S. #**

Date:

Term

ex., Spring 2006

Instructors of all courses involved must sign.

Course #

Conflict Day & Time:

**Instructor
Name**

**Instructor
Signature**

Course #

Conflict Day & Time:

**Instructor
Name**

**Instructor
Signature**

Course #

Conflict Day & Time:

**Instructor
Name**

**Instructor
Signature**

Special Arrangements
