Time Conflict Override Form

The student listed below has permission to add the course listed below, even though there is a time conflict with another course:

__________________________________________________________
Student Name                                              Student ID No.

FALL __________ SPRING __________ SUMMER__________

_____________     MATH     __________ ______________
CRN              Course Prefix     Course No.   Section Number

______________________________   __________________
Instructor's Signature     Date

______________________________       __________________
Department Chair's Signature     Date

This student should take this form, completely filled out and signed, to the Departmental Assistant in the Math Department before the end of Drop/Add.