Student email: _____
Student phone number: _____

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.