Course Time Conflicts  
Weitzenhoffer Family College of Fine Arts

Student Name: ____________________________ OUID: ______________________

Major: ____________________________ Semester: ____________ Year: ____________

Courses with time conflict:

1) Course # ___________________________ Section: _________________
   Course Title: _________________________________________________
   Days: ______________________________ Time: ___________________
   Instructor Signature _________________________________________

2) Course # _____________________________ Section: ______________
   Course Title: _________________________________________________
   Days: ______________________________ Time: ___________________
   Instructor Signature _________________________________________

Please allow this student to enroll in the courses noted above as overlapping time conflicts. The student has been made aware that even though the faculty member is willing to work with this student it is his/her responsibility to stay in contact with the instructor and make appointments outside class time in order to address any assignments and/or work missed.

Student Signature: ____________________________

Take to Enrollment Services, Buchanan Hall, room 230 for processing.