

# **Course Time Conflicts**

## **Weitzenhoffer Family College of Fine Arts**

Student Name: \_\_\_\_\_ OUID: \_\_\_\_\_

Major: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Courses with time conflict:

1) Course Dept and # \_\_\_\_\_ Section: \_\_\_\_\_ CRN: \_\_\_\_\_

Course Title: \_\_\_\_\_

Days: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor Signature \_\_\_\_\_

2) Course Dept and # \_\_\_\_\_ Section: \_\_\_\_\_ CRN: \_\_\_\_\_

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.

Please indicate how time conflict will be resolved:

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