TIME CONFLICT RESOLUTION

Use this form to request permission to register for courses with conflicting meeting times. Present the completed form with all required signatures in person to Enrollment Services (first floor, Bayley Hall). This registration must be done in person; web registration will block registrations involving time conflicts.

Semester: _____________________  Date: _________________________
Name:  ____________________________    SHU ID: ________ - _________
Major:  ____________________________

I am requesting permission to register for two courses with conflicting meeting times as follows:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Meeting Days/Times</th>
<th>Day/Time in Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How will this conflict be resolved? __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_____________________________________________________________
Student Signature     Date

Approval of the chair of each course is required before registration will be allowed. The
signature of the chair below signifies an approval of this request.

1. ______________________________________________________________
   Chair Signature     Date

2. ______________________________________________________________
   Chair Signature     Date