SETON HALL UNIVERSITY
Office of the Registrar
TIME CONFLICT RESOLUTION FORM

Use this form to request permission to register for courses with conflicting meeting times. Present submit this form with all required signatures to the Office of the Registrar in Bayley Hall (room 110). 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 the following two courses with conflicting meeting times:

<table>
<thead>
<tr>
<th>Course Information (Subject, number, section, and CRN)</th>
<th>Meeting Days/Times</th>
<th>Day/Time in Conflict</th>
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<tbody>
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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