

**OFFICE OF ACADEMIC RECORDS AND REGISTRAR  
APPROVAL TO REGISTER WITH A COURSE TIME CONFLICT**

**SELECT THE TERM:**

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

**STUDENT INFORMATION**

The student listed below has requested to enroll in two courses which conflict in time. The student may only enroll in the courses **if both instructors approve**. To indicate approval, please sign this form. The student must submit the form in the Registration Office (REG building).

Student Name (please print):	USC ID Number:

\_\_\_\_\_

**Student's Signature** **Date**

**REQUESTED COURSES**

Course (i.e., HIST-102):	Section (i.e., 12345)	Days	Start Time:	End Time:	Instructor Name:

**INSTRUCTOR INFORMATION**

I acknowledge that the student named above carries a course time conflict on his/her schedule. The conflict prohibits the student from attending my class in its entirety.

<input type="checkbox"/> <b>APPROVED</b>  <input type="checkbox"/> <b>NOT-APPROVED</b>	_____ <p align="center"><b>Instructor's Signature</b></p>
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<input type="checkbox"/> <b>APPROVED</b>  <input type="checkbox"/> <b>NOT-APPROVED</b>	_____ <p align="center"><b>Instructor's Signature</b></p>
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