

COURSE CONFLICT PERMIT

NAME _____

Bear # _____

DATE _____

INSTRUCTOR: The student identified on this form is requesting permission to register for two classes that meet at the same time or have overlapping times. Your signature indicates that you are permitting this student to register for your course and the other course identified on this form which meets at the same time or has an overlapping time.

1.

Course ID No.	Course Prefix	Course Number	Section	Term
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Instructor Approval Signified by INSTRUCTOR SIGNATURE

2.

Course ID No.	Course Prefix	Course Number	Section	Term
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Instructor Approval Signified by INSTRUCTOR SIGNATURE

This permit must be completed and returned to the Registration Center. Students are NOT allowed to register for course conflicts via telephone registration.