

Class Time Conflict Approval

Directions: *Except in extenuating circumstances, the University of Maryland Baltimore County does not permit students to register for courses that are scheduled to meet at the same times or that overlap in meeting times. In order to be permitted to register for or add courses that result in a time conflict, you must have approval from both instructors. When you have obtained your instructors' signatures, please submit the completed form to the Registrar's Office.*

Please print legibly. This form will not be processed until all requested signatures have been obtained and is due to the Registrar's Office by the last day to add classes for the term as noted in the published academic calendar.

Student Background			
Today's Date	Campus ID	Email Address	Phone Number (include area code)
Full Name (Last, First, Middle)		Date of Birth (mm/dd/yyyy)	
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer/Winter	Year	Enrollment Status (check one): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	

Conflict Approvals			
<p>Instructors: By signing this class time conflict approval form, you are also authorizing permission, closed course, and prerequisite overrides for this student.</p>			
<p>Class 1: Are you registered for this class? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Course subject, number, section (i.e.: HIST 110 – 02)	Course Nbr (4 digits)	Credits (i.e.: 3.00)	Instructor's Name
			Instructor's Signature (Required)
<p>Class 2: Are you registered for this class? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Course subject, number, section (i.e.: HIST 110 – 02)	Course Nbr (4 digits)	Credits (i.e.: 3.00)	Instructor's Name
			Instructor's Signature (Required)

I certify that I am the above listed person requesting a time conflict approval. I additionally authorize the Office of the Registrar, with instructors' signatures, to register me for the above courses. I understand, instructors are not obligated to provide examinations that are missed due to a time conflict.

Student's Printed Name (Please print clearly)	Student's Signature (Required)
---	---------------------------------------

Office of the Registrar Use Only	
Processed Date	Processed By