

**OFFICE OF ACADEMIC RECORDS AND REGISTRAR**  
**APPROVAL TO REGISTER WITH A COURSE TIME CONFLICT**  
*(For Undergraduate Students Only)*

**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 (JHH 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.

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