



TIME CONFLICT CONSENT

Fall Spring 20_____

Student Name: _____ W.U. I.D. #: _____ **If approved and recorded, I will have # _____ credits to complete this current semester.**

Rationale (Clearly state why enrolling in courses with overlapping schedules is necessary.):

Dept.	Course #	Sec.	Credits	Auditing? (Y/N)	Meeting Days	Meeting Times	
<i>ENGL</i>	<i>117W</i>	<i>02</i>	<i>4</i>	<i>No</i>	<i>Mon, Wed, Fri</i>	<i>10:20-11:20 am</i>	The above-named student has consulted with me with regard to the time conflict between the following courses and has my consent to register.*
							<i>Instructor Approval:</i>
							<i>Instructor Approval:</i>
							<i>Dean Approval:</i>

***Signatures of BOTH instructors and Dean are required.**

POLICY GOVERNING ISSUE OF TIME CONFLICTS:

Students should present this form to a staff member of the Registrar’s Office at any time after the beginning of their registration appointment time. Forms received after the Add/Drop deadlines will NOT be accepted by the Registrar’s Office unless accompanied by a completed petition. Specific deadline dates are available on the Academic Calendar at: <http://www.willamette.edu/dept/registrar/calendar/index.html>.

Complete the following steps in the order listed:

1. State rationale.
2. Obtain the signatures of BOTH instructors and Dean. To obtain the Dean's approval, drop the form off at Smullin 108 or email cas-dean@willamette.edu.
3. Return the completed form to the Registrar’s Office via email or drop-off.