



Course Conflict Permit

Name _____

Student ID Number _____

Date _____ Term _____

Instructor: Your approval of a time conflict indicates that you are giving permission to the student identified above to register for two classes that meet at the same time or have overlapping times.

- You may release the student via your faculty self-service in URSA. Choose the TMCONFLICT override. The student must then register themselves via URSA.
OR
- You may complete and sign this form and have the student return the form to the Office of the Registrar where we will process a release. The student must then register for the course through URSA.

Course CRN	Course prefix	Course number	Section
1.			

Instructor Signature
Date

Course CRN	Course prefix	Course number	Section

Instructor Signature
Date

Student Signature
Date