Time Conflict Approval Form (Undergraduate Students)
College of Engineering & Applied Sciences

Submit this form to the Registrar's Office for processing; 276 Administration Building

College of Engineering and Applied Sciences

- The only students permitted to register for a time conflict or schedule-overlapping courses are those who must enroll in those courses to meet requirements of the major in order to stay in sequence for the major. The only office that can certify this is the **Undergraduate Director of the student's undergraduate program (student's major)**.
- *Students who do not have a major declared in CEAS program* <u>should</u> <u>not</u> register for CEAS courses with time conflicts.

Section I: To the Course Instructors - AND -   Undergraduate Program Director
By signing this form you are certifying your approval for the student to register in a time conflict or in schedule-overlapping courses.

Section II: To the Student
This form may be used only when the course instructors and the director of your program/major certifies the need for you to register in a time-conflicting or schedule-overlapping course. Please read the above policy statement from the Colleges. The signatures of the Course Instructors and the Program Director indicates to the Registrar's Office that your registration for a time conflict may be processed providing that you submit it **by the appropriate deadline as indicated in the published semester ACADEMIC CALENDAR.**

"It is the student's responsibility to plan a program that avoids final examination conflicts. Instructors are not obligated to provide examinations at any time other than as per the published schedule."

FALSIFICATION OF SIGNATURES MAY RESULT IN AN ACCUSATION OF ACADEMIC DISHONESTY.
Registrar's office retains all submitted Time Conflict Permission Forms for the duration of the semester for instructor verification of signatures. Instructors and/or program directors retain the right to question the validity of the signatures on this form.

_____/_____   _____   _____
Student: Last Name   First Name   **Stony Brook ID#**   **Student's DECLARED**
                                                                                                Major (Program)

Student Signature: _____   Date: _____

Course currently enrolled in:				
Department	Course #	Year	Term	**Class # (Required)**

Course Instructor Signature: _____   Date:_____

Time Conflicting/Overlapping Course to Add:				
Department	Course #	Year	Term	**Class # (Required)**

Course Instructor Signature: _____   Date:_____

Undergraduate Director Signature: _____   Date:_____
(*Undergraduate Director of Student's Major*)

APPROVAL to OVERRIDE CLASS LIMIT IF CLASS IS CLOSED

_____(Date) _____
Instructor or Departmental Signature of course to be added
IMPORTANT NOTE: Unless Approval is provided, Student must find an open section to register for this course

---

FOR REGISTRAR OFFICE USE: Staff Initials: _____ Date Processed: _____