CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

College of Engineering

Schedule Conflict Override Request For:

_____   _____   _____
Name of Student   Bronco ID   Phone Number

This student has permission from the instructors of the two courses listed below to enroll in both courses despite a scheduling conflict. They have worked out an acceptable compromise that allows the student to enroll in both courses and complete the assigned work.

No override approval will be given for a class schedule conflict over 5 minutes.

_____   _____   _____
Course Prefix and Number   Section   Class CRN Number

_____   _____
Meeting Days and Times   Course Title

_____   _____   _____
Instructor's Name (Print)   Instructor's Signature   Date

_____   _____   _____
Course Prefix and Number   Section   Class CRN Number

_____   _____
Meeting Days and Times   Course Title

_____   _____   _____
Instructor's Name (Print)   Instructor's Signature   Date

Reason for this request and plans to resolve the overlap: _____

_____

Approved by:

_____   _____   _____
Associate Dean, College of Engineering   Signature   Date
(Print Name)

If one of the above classes is outside the College of Engineering, approval must first be obtained from the Associate Dean of the other college in the space provided below:

Approved by:

_____   _____   _____
Associate Dean (Print Name)   Signature   Date

- Approvals on this form do not guarantee class enrollment if the class is full.
- If class is full and instructor agrees to allow enrollment, obtain a permission number to submit with this form.
- After being approved, the student submits this form to the Registrar's Office.