

Approval to Register with a Course Time Conflict

| | |
|--------|-------|
| Fall | 200__ |
| Spring | 200__ |
| Summer | 200__ |

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 complete this form and instruct the student to submit it in person to the Registration Department (REG).

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|---------------|----------------|
| Student Name: | USC ID Number: |
| | |

Requested Courses:

| Course (i.e., HIST-102): | Days | Start Time: | End Time: | Instructor Name: |
|--------------------------|------|-------------|-----------|------------------|
| | | | | |
| | | | | |

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.

Approved

Approved

Not approved

Not approved

Instructor's Signature

Instructor's Signature