Return to:
Registrar's Office
Oregon State University, B102 Kerr Administration Building, Corvallis, OR 97331-2130
T 541-737-4331 | **F** 541-737-8123 | registrars@oregonstate.edu | http://oregonstate.edu/registrar

Time Conflict Override Permission Request

Use this form if you are trying to enroll in two courses, but there is overlap in their meeting times. Generally, it is strongly advised to find another class that does not have a conflict. However, in cases where this may be unavoidable, complete this form below to request access to one of the conflicting courses.

Directions:

1. Write in the information for the courses that are involved in the time conflict in the appropriate lines below.
2. Talk with both the instructors of the classes which are conflicting. Write out your agreement for dealing with the time conflict issue, and/or making up work/exam.
3. Once agreement is reached for the arrangement of missed class time, have the instructor of **both** of the conflicting courses sign this form.
4. Make a copy of the completed form for yourself and for each instructor.
5. Bring this completed form to the department office of the course you listed in part **B** below. The override will be processed, and the original completed form will be kept in the department office as a reference. (Over for list of dept office locations.)
6. Register for the course via CRN. (**Note:** A time override does not guarantee access.)

Name: _____ OSU ID #: _____
Last *First* *Middle*

Please complete all portions of the information requested below for time override course:

A: Course for which I have already registered:
Lecture: _____ _____ _____ _____ Lab/Recitation: _____ _____
CRN Course # Time Term If applicable CRN Time

B: Course for which I need time override:
Lecture: _____ _____ _____ _____ Lab/Recitation: _____ _____
CRN Course # Time Term If applicable CRN Time

Write out the agreement between student and instructors (e.g. "Each Tuesday student will miss last 5 min of BI 101, and arrive to PAC 120 ten minutes late."):

_____

_____

_____

_____

I understand that I am still responsible for all work due and information conveyed in class during the times I cannot attend. I also understand that in order to receive a time override, approval must be obtained from both instructors of the conflicting courses (even if you will not miss any class for one course).

Student Signature_____ Date_____

Instructors: Please sign to indicate your approval of the above agreement. Keep a copy of this form.
Instructor A Signature _____ Course _____ Date_____

Instructor B Signature _____ Course _____ Date_____

Return signed/completed form to department/school office of the course for which you need the override–Part B above.

Departmental Use Only: Date Entered _____ Initials _____ (Form revised 2/1/2010)