Department of Biological Sciences

Permission for Time Conflict Override

Semester: _____

Please print clearly:

_____   _____
       (Student's Name, printed)   (Banner number)

_____   _____
       (e-mail address)   (Phone number)

has my permission to enroll in BSCI _____   _____
                                (Course Number)   (CRN Number)

And _____   _____   _____ simultaneously.
      (Subject)   (Course Number)   (CRN Number)

Weekly amount of class time to be missed:_____

_____ _____ _____
(Instructor's Signature)   (Printed)   (Date)

_____ _____ _____
(Instructor's Signature)   (Printed)   (Date)

I understand that I am enrolling in this course in spite of a time conflict. I further understand that I will be responsible for all material which I may miss, and will not miss tests or assignment deadlines because of this time conflict.

_____ _____
(Student's Signature)   (Date)