

William & Mary Office of the University Registrar Blow Memorial Hall Room 240 PO Box 8795 Williamsburg, VA 23187-8795 757-221-2800 Fax 757-221-2151 registrar@wm.edu

## TIME CONFLICT OVERRIDE

Revised: 3/2024

<u>GUIDELINES:</u> This form should be used when a student wishes to take two courses whose scheduled times overlap. You must have the permission of both instructors affected by the time conflict.

## INSTRUCTIONS:

- 1. Complete Sections A and C of this form. (Student MUST be registered for one of the courses listed below.)
- 2. Obtain both instructors' signatures for approval in Section B.
- 3. Return this form to the Office of the University Registrar no later than the last day of the Add/Drop period.

## *NOTE:*

- 1. After registration, your schedule will be viewable in PATH. Verify enrollment in Course One <u>then</u> submit this form. Your form will be processed during the add/drop period.
- 2. If conflicted class is closed, your form will *not* be processed. Instead, add yourself to the <u>waitlist</u> for the closed course. It will be your responsibility to check your email (to include spam) regularly once you've added yourself to the waitlist. If you receive the waitlist offer, forward the email <u>immediately</u> (within the 24 hours) <u>registrar@wm.edu</u>. Please calculate processing time in the 24-hour window. As a reminder, The University Registrar's Office is open Monday-Friday, 8 AM 5 PM.

SECTION A	STU	DENT INFORM	ATION			
Name:				93#		
(Last)	(First)	(MI)		Student ID #		
Semester and Year						
<b>Courses with Time Conflicts</b>	:		I			
Course Reference Number (CRN)		ourse ID ourse number, Section	ı)	Credit Hours (#)	Meeting Days & Times	
SECTION B  To the Faculty:  If you wish to provide permission to override a time conflict between the two courses listed above, please sign below. Both instructors' signatures are required for student registration in both courses.						
******INSTRUCTOR USE ONLY******						
Instructor Signature for Course	: 1	Date	Instr	uctor Signature fo	or Course 2 Date	
Print Name: Print Name:				Name:		
SECTION C STUDENT ACKNOWLEDGEMENT						
By signing below, I assume full responsibility for managing the time conflict and for dropping a course in the event I decide not to remain enrolled.						
Student Signature	Date					
******FOR OFFICE USE ONLY*****						
Processed by: Initials Do	by: Initials Date Added to student file: Initials Date					