REQUEST FOR REGISTRATION WITH A TIME CONFLICT

Attention: All students wishing to apply for registration with a time conflict must complete this form and submit it to their department for approval.

Name of Student: ___________________________________________
E-mail Address: ___________________________________________
UVic Student Number: ______________________________________

☐ Summer Session
☐ Winter Session (Fall Term)
☐ Winter Session (Spring Term)

-SAMPLE-

<table>
<thead>
<tr>
<th>Instructor’s Signature*</th>
<th>Course</th>
<th>CRN</th>
<th>DAY</th>
<th>TIMES</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE1/SAMPLE</td>
<td>ELEC 316</td>
<td>12345</td>
<td>M, R</td>
<td>1:30-3:00</td>
<td>A02</td>
</tr>
<tr>
<td>COURSE1/SAMPLE</td>
<td>COM 250</td>
<td>09876</td>
<td>M, W</td>
<td>1:30-3:00</td>
<td>A03</td>
</tr>
</tbody>
</table>

Instructor’s Signature* | Course  | CRN  | DAY  | TIMES   | Section |
|------------------------|---------|------|------|---------|---------|

*NOTE: The student must discuss the implications that may occur when missing all or part of any class with the instructors of both conflicting courses. The instructor’s signature acknowledges that such a discussion took place.

Reason for Request for Registration with Time Conflict:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

I hereby acknowledge that I am responsible for academic achievement in both courses. Failure in one or both courses may impact my program requirements as outlined in the University Calendar. I accept this responsibility.

Student Signature: ____________________________________
Date: ____________________________________________

Updated September 17, 2013/LS