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 the Engineering Undergraduate Office, EOW 206, or scan/email to engr@uvic.ca. Time conflict requests must be submitted in the 1st month of the start of each term.

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 Name (printed)</th>
<th>Course</th>
<th>CRN</th>
<th>DAY</th>
<th>TIMES</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>ELEC 316</td>
<td>12345</td>
<td>M, R</td>
<td>1:30-3:00</td>
<td>A02</td>
</tr>
<tr>
<td>Jane Doe</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 Name (printed)
Course
CRN
DAY
TIMES
Section

*NOTE: The student must secure written permission via email from both instructors after discussing the implications that may occur when missing all or part of any class of both conflicting courses. The instructors’ emails acknowledge that such a discussion took place, confirms the understanding that both courses may be impacted and must be attached to the request.

The Bachelor of Engineering and Bachelor of Software Engineering programs normally requires a minimum 6.0 GPA for these requests to be considered.

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: ____________________________

Associate Dean signature: ____________________________ Date: ____________________________

☐ Approved ☐ Denied

☐ Updated in Student Records: Initials: __________ Date: ____________________________