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 and email with request. The instructors’ emails acknowledge that such a discussion took place and confirms the understanding that both courses may be impacted.

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: ___________________

☐ Updated in Student Records: Initials: ________ Date: ___________________