



University  
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Engineering

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## 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-**

<i>Instructor's Signature*</i>	<i>Course</i>	<i>CRN</i>	<i>DAY</i>	<i>TIMES</i>	<i>Section</i>
COURSE1/SAMPLE	ELEC 316	12345	M, R	1:30-3:00	A02
COURSE1/SAMPLE	COM 250	09876	M, W	1:30-3:00	A03

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 in Student Records: Initials: \_\_\_\_\_ Date: \_\_\_\_\_