OFFICE OF ACADEMIC RECORDS AND REGISTRAR
APPROVAL TO REGISTER WITH A COURSE TIME CONFLICT

SELECT THE TERM:
Summer 2014 ___________ Fall 2014 ___________ Spring 2015 ___________

STUDENT INFORMATION
The student listed below has requested to enroll in two courses which conflict in time. The student may only enroll in the courses if both instructors approve. To indicate approval, please sign this form. The student must submit the form in the Registration Office (REG building).

Student Name (please print): ___________________________  USC ID Number: ___________________________

Student’s Signature: ___________________________ Date: ___________________________

REQUESTED COURSES

<table>
<thead>
<tr>
<th>Course (i.e., HIST-102):</th>
<th>Section (i.e., 12345)</th>
<th>Days</th>
<th>Start Time:</th>
<th>End Time:</th>
<th>Instructor Name:</th>
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INSTRUCTOR INFORMATION
I acknowledge that the student named above carries a course time conflict on his/her schedule. The conflict prohibits the student from attending my class in its entirety.

☐ APPROVED  ☐ NOT-APPROVED
Instructor’s Signature: ___________________________

☐ APPROVED  ☐ NOT-APPROVED
Instructor’s Signature: ___________________________