Time Conflict Petition

Please return to:
The Office of Academic Services 211 Administration Building Phone: (615) 322-8400
Hours: Monday-Friday 7:30am-4:30 pm Fax: (615) 322-8401

Student Information (all fields required):
Full Name: ___________________________ Student ID # (e.g. 000162030) ____________________
Classification: Freshman___ Sophomore___ Junior___ Senior___
Anticipated Date of Graduation: Aug___ Dec___ May___ (year) 20___
Major: ___________________________ Program/Track(s): ___________________________
VU Email Address: ___________________________ Phone: (_______)__________-__________

Semester and Year: ______________
I am requesting permission to be registered for the following courses that overlap by ________ minutes.

<table>
<thead>
<tr>
<th>Course #1</th>
<th>Course #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number and Section</td>
<td>Meeting Time and Days</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for request and explanation of how requirements of both courses will be fulfilled.
______________________________________________________________
______________________________________________________________

DEPARTMENT APPROVAL
By my signature below, I am certifying that after discussion with the student, it is my opinion that the requirements of the course can be fulfilled and the student’s performance in the course will not be hindered by this arrangement and the arrangement described above will not interfere with students in the other course.

<table>
<thead>
<tr>
<th>Course #1</th>
<th>Course #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number and Section</td>
<td>Instructor Signature</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing below, you acknowledge that even if this course is full, this student will be added to your roster if they are not enrolled already.

Student’s Name & Signature ___________________________ Date _____________

OAS Use Only

OAS Signature ___________________________ Date _____________