

TIME CONFLICT AUTHORIZATION

To: Registrar's Office

Term: _____

The following student, _____ ID# _____, who wishes to enroll for two classes that have a time conflict, has permission from the instructors, as follows:

Class Number (4 digit)	Alpha Subject (PEGNRL, MATH, etc.)	Course Number (3 digit)	Section	Units	Course Title

How student will make up missed work: _____

Instructor: _____ Date: _____

Class Number (4 digit)	Alpha Subject (PEGNRL, MATH, etc.)	Course Number (3 digit)	Section	Units	Course Title

How student will make up missed work: _____

Instructor: _____ Date: _____

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