

**OFFICE OF THE REGISTRAR****Time Conflict Override Form**

Once all signatures are complete, please return to the Office of the Registrar for processing.

Name: _____ ID #: _____

Expected Graduation Date: _____ Email address: _____@ithaca.edu

Major(s): _____ Minor(s): _____

Semester Registering for: Summer ☐ Fall ☐ Winter ☐ Spring ☐

Please list both of the courses that conflict with each other:

Course Requested:

CRN: _____ Subj: _____ Course #: _____ Section #: _____ Title: _____

Day/Time of course: _____ Instructor Name: _____

Course Conflicting with Requested Course:

CRN: _____ Subj: _____ Course #: _____ Section #: _____ Title: _____

Day/Time of course: _____ Instructor Name: _____

Provide details about how the class overlap will be managed:

(examples; leave class A 10 mins early, meet with professor B during office hours)

Instructor Signature of Course Requested: _____
Date

Instructor Signature of Conflicting Course: _____
Date

Student Signature _____
Date

A time conflict override should be used very reservedly. This override instructs Homer to ignore any possible time conflicts with these courses during this semester. This includes any schedule adjustments the student may make at a later date. Please note, that if approved, students should be emailed with instructions to register for the course via HomerConnect before the end of the add/drop period.

Academic Support Center Use Only:

☐ Approved _____

☐ Not Approved Reason _____