

Course Time Conflicts

Weitzenhoffer Family College of Fine Arts

Student Name: _____ OUID: _____

Major: _____ Semester: _____ Year: _____

Courses with time conflict:

1) Course # _____ Section: _____

Course Title: _____

Days: _____ Time: _____

Instructor Signature _____

2) Course # _____ Section: _____

Course Title: _____

Days: _____ Time: _____

Instructor Signature _____

Please allow this student to enroll in the courses noted above as overlapping time conflicts. The student has been made aware that even though the faculty member is willing to work with this student it is his/her responsibility to stay in contact with the instructor and make appointments outside class time in order to address any assignments and/or work missed.

Student Signature: _____

Take to Enrollment Services, Buchanan Hall, room 230 for processing.