

Oakland University
Time Conflict Override

PLEASE COMPLETE ALL FIELDS TO AVOID DELAYS IN PROCESSING. MUST BE ACCOMPANIED WITH **ADD SLIP**

Student Name: _____

G# _____

Semester: _____

Year: _____

Student Reason for Override:

Student Signature: _____

Date: _____

Courses:

1. Course: _____

Meeting Days: _____

CRN: _____

Class Start Time: _____

Instructor: _____

Class End Time: _____

How will you accommodate the missing time:

Instructor Signature: _____

Date: _____

Please circle one: Approved

Not Approved

2. Course: _____

Meeting Days: _____

CRN: _____

Class Start Time: _____

Instructor: _____

Class End Time: _____

How will you accommodate the missing time:

Instructor Signature: _____

Date: _____

Please circle one: Approved

Not Approved

Authorization of Associate Dean Signature: _____ Date: _____

Please circle one: Approved Not Approved

Second authorization of Associate Dean

If from a different School/College Signature: _____ Date: _____

Please circle one: Approved Not Approved

REGISTRAR'S USE ONLY

Date processed: _____

Registration Agent: _____

Remarks: