Student Name: _____ Student ID: _____

TIME CONFLICT RESOLUTION FORM
BETWEEN 2 COURSES IN THE SAME SEMESTER

Students who would like to add a course that meet at the same time (or even overlap briefly) must have the permission of both instructors.

The two courses that conflict/overlap are
_____ and _____.

Instructors, by signing this form, you are expressing awareness and approval of the time conflict/overlap of the two courses. Additionally, your signature implies that you have discussed and agreed upon a solution.

_____
Signature of instructor of 1st course   Date

_____
Signature of instructor of 2nd course   Date

Alternatively, if you reach out to both professors via email, you may print out time conflict approvals and attach them to an add/drop form. Emails must explicitly say the time conflict is acceptable, not only that you can add the course.

Email the completed time conflict form, along with your add/drop form to the Office of the Registrar (registrar@rochester.edu).

UNIVERSITY of ROCHESTER