

Office of Admissions and Records  
**Time Conflict Approval**

Return to the Office of Admissions and Records, second floor, Student Services Building.

Please allow the following student to register in the classes listed below. The student must obtain the signature of the instructor for each class involved in the time conflict before they will be allowed to register.

Name \_\_\_\_\_ NSHE ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Year \_\_\_\_\_

Fall

Spring

Summer

Course 1:

Course \_\_\_\_\_ Section # \_\_\_\_\_ Call # \_\_\_\_\_ Credits \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Course 2:

Course \_\_\_\_\_ Section # \_\_\_\_\_ Call # \_\_\_\_\_ Credits \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only

Approved

Denied