



# 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 \_\_\_\_\_

**For Office Use Only**

Approved

Denied

Evaluator \_\_\_\_\_

Date \_\_\_\_\_