

TIME CONFLICT PERMISSION

Name: _____ VU ID# _____

VU E-Mail Address: _____ Date _____

Semester: Fall 20 _____ Spring 20 _____ Summer I 20 _____ Summer II 20 _____

The time conflict between the following courses has been resolved and the student is permitted to register for both courses:

Course/Title _____ Days/Time _____

Instructor's signature: _____ Date: _____

Course/Title _____ Days/Time _____

Instructor's signature: _____ Date: _____

Registration date/time: _____

Complete a separate form if you have additional time conflicts.