# University of Wyoming Office of the Registrar

## Time Conflict Registration Approval

Term       Term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name       “W” Number

Has our approval to register for the following classes that have an overlap of meeting time:

Course Prefix/Number/Section

Meeting days and times

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Instructor’s Signature Date

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Course Prefix/Number/Section

Meeting days and times

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Instructor’s Signature Date

* Student must receive approval from both instructors in order to register for classes that have a time conflict.
* This form does not give approval to register for classes that are closed.
* This form, with the approval signatures, must be returned to the Office of the Registrar for processing by the drop/add deadline.

This approval does not excuse the student from his/her responsibility to complete all requirements, activities and assignments of both classes. How do you plan to accomplish this?