

# Class Time Conflict

**Instructions:** This form is used to obtain permission to register for two classes which overlap in scheduled meeting times and is used only in rare circumstances. Before completing this form, you may **register for one of the classes online**.

1. Complete all parts of form.
2. Obtain approval from instructors of BOTH classes: obtain signatures or email the completed form as an attachment to the instructors. Your request must come from your CSUMB email and be sent to the instructor's CSUMB email.
3. Submit the completed form via email to: [records@csumb.edu](mailto:records@csumb.edu) **by the add/drop deadline for the term.**
4. The Office of the Registrar will notify you at your CSUMB email when the Class Time Conflict form has been processed.

**Part 1: Student Information**

<b>Name</b>	<b>Student ID</b>
<b>Phone Number</b>	<b>Email</b>

**Part 2: Term and Course Information**

**Term:**      Fall \_\_\_\_\_      Spring \_\_\_\_\_      Summer \_\_\_\_\_      Winter \_\_\_\_\_

**COURSES IN CONFLICT:**

CRN #	DEPT	COURSE #	SECTION	UNITS	INSTRUCTORS SIGNATURE	DATE

**Part 3: Explain the reason you are requesting permission to enroll in courses that overlap in time.**

---



---



---

**INSTRUCTOR COMMENTS:**

---



---



---

**REGISTRAR'S OFFICE USE ONLY**

<b>Processed by:</b>	<b>Date:</b>
----------------------	--------------