



REQUEST FOR A TIME CONFLICT EXCEPTION

Students wishing to pursue an exception must connect with both instructors for a plan to address any overlap of time. If both instructors approve, students can submit the Time Conflict Exception Request Form to the Registrar's Office to complete the registration process. Students will not be able to register for both classes that have an overlap in times themselves.

Student Name _____ Campus ID# _____

Phone Number _____

I will be registered as ____ UG ____ GRAD Semester of Time Conflict ____ Fall ____ Spring ____ Summer.

Semester Year _____ The two classes that are in conflict _____ & _____

Please indicate why you are requesting an exception to register for classes that conflict.

The class that will be missed _____

Please indicate how class time will be made up.

Student Signature _____ Date _____

Course _____ Section # _____ Days _____ Times _____ I approve the time conflict between these two courses. _____ Instructor Signature Required	Course _____ Section # _____ Days _____ Times _____ I approve the time conflict between these two courses. _____ Instructor Signature Required
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Registrar's Office
Warriner Hall 212

Email: records@cmich.edu Ph: (989) 774-3261

A confirmation email will be sent to your CMU email once your schedule has been updated.