



REQUEST FOR A TIME CONFLICT EXCEPTION

Student Name _____ CMU Campus ID # _____

Phone Number _____ I will be registered as _____ UG _____ GRAD

Semester of the 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.

(Please attach an additional sheet if necessary)

Class that will be missed. _____

Please indicate how class time will be made up.

Student Signature _____ Date _____

Subject & # _____ Section # _____

Days _____ Times _____

I approve the time conflict between these two courses.

_____ Date _____

Instructor Signature Required

Subject & # _____ Section # _____

Days _____ Times _____

I approve the time conflict between these two courses.

_____ Date _____

Instructor Signature Required