Time Conflict Approval Form (Undergraduate Students)
College of Arts and Sciences

Submit this completed form to the Registrar’s Office for processing; 276 Administration Building

College of Arts and Sciences

Section I: To the Course Instructors - AND - Undergraduate Program Directors
By signing this form you are certifying your approval for the student to register in a time conflict or in schedule-overlapping courses.

Section II: To the Student
This form may be used only when the course instructors and the director of your program/major certifies the need for you to register in a time-conflicting or schedule-overlapping course. Please read the above policy statement from the Colleges. The signatures of the Course Instructors and the Program Directors indicates to the Registrar’s Office that your registration for a time conflict may be processed providing that you submit it by the appropriate deadline as indicated in the published semester ACADEMIC CALENDAR.

“It is the student’s responsibility to plan a program that avoids final examination conflicts. Instructors are not obligated to provide examinations at any time other than as per the published schedule.”

FALSIFICATION OF SIGNATURES MAY RESULT IN AN ACCUSATION OF ACADEMIC DISHONESTY. Registrar’s office retains all submitted Time Conflict Permission Forms for the duration of the semester for instructor verification of signatures. Instructors and/or program directors retain the right to question the validity of the signatures on this form.

Student Signature: ____________________________ Date ______________________

Student: Last Name / First Name Stony Brook ID # Student’s DECLARED Major (Program)

Course currently enrolled in:
Department Course # Class # (Required) Term Year

Course Instructor Signature: ____________________________ Date: ________________

Time Conflicting/Overlapping Course to Add:
Department Course # Class # (Required) Term Year

Course Instructor Signature: ____________________________ Date: ________________

Undergraduate Director Signature: ____________________________ Date: ________________
(UGRD Director of the Dept. of the Course to be added)

APPROVAL to OVERRIDE CLASS LIMIT IF CLASS IS CLOSED

Instructor or Departmental Signature of course to be added (Date) ________________

IMPORTANT NOTE: Unless Approval is provided, Student must find an open section to register for this course

FOR REGISTRAR OFFICE USE: Staff Initials: ______________ Date Processed: ______________