

# COURSE CONFLICT PERMIT

NAME \_\_\_\_\_

Bear # \_\_\_\_\_

DATE \_\_\_\_\_

INSTRUCTOR: The student identified on this form is requesting permission to register for two classes that meet at the same time or have overlapping times. Your signature indicates that you are permitting this student to register for your course and the other course identified on this form which meets at the same time or has an overlapping time.

1.

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Course	Section	Term	Course	Section	Term
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2.