

**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 Conflictina/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)*

<p><b>APPROVAL to OVERRIDE CLASS LIMIT IF CLASS IS CLOSED</b></p> <p>_____ (Date) _____</p> <p><i>Instructor or Departmental Signature of course to be added</i></p> <p><b>IMPORTANT NOTE: Unless Approval is provided, Student must find an open section to register for this course</b></p>
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FOR REGISTRAR OFFICE USE: Staff Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_