

## REQUEST FOR ENROLLMENT WITH TIMETABLE CONFLICT

A time conflict greater than one hour is not permitted. Consideration will be given where the one hour conflict exists between aerospace lectures/labs. Time conflicts including non-aerospace courses will not be approved.

### Enrollment Request

Student Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

TMU Student Number: \_\_\_\_\_

Term (select one): \_\_\_\_\_ Year: \_\_\_\_\_

**Record all course conflict details below and obtain instructor approval for both courses.**

**Course 1:** \_\_\_\_\_ **Section Number:** \_\_\_\_\_

**Schedule:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Course 2:** \_\_\_\_\_ **Section Number:** \_\_\_\_\_

**Schedule:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Lab Exemption Requested?** \_\_\_\_\_

### Student Declaration

I understand that I am responsible for making up any missed course material and for making alternate arrangements for any tests, quizzes, or other course assessments that I may miss as a result of this time conflict.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructors Acknowledgement

I have advised the student of course responsibilities should they be enrolled with a time conflicting course.

\_\_\_\_\_  
Name, Course Instructor 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name, Course Instructor 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department Authorization (One-Hour Conflict Is Approved)

*If not approved, circle: Not Approved*

\_\_\_\_\_  
Chair / Associate Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_