



FAMU-FSU Engineering

Time Conflict Override Form for Course Registration

This form is to be completed and submitted to the Office of the Associate Dean for Student Services and Undergraduate Affairs (ADSSUA), Room B111.

STUDENT NAME: _____

STUDENT EMPL ID: _____

EMAIL ADDRESS: _____

UNIVERSITY: FAMU FSU

SEMESTER: _____ YEAR: _____ DATE SUBMITTED: _____

I have discussed the course conflict with the instructors and we have agreed upon the following arrangement in order to meet the course requirements: _____

Conflicting Course Information

| Course Prefix and Number | Class# | Course Name | Scheduled course meeting times/days |
|--------------------------|--------|-------------|-------------------------------------|
| _____ | _____ | _____ | _____ |

Instructor: _____ Instructor's signature/date: _____

| Course Prefix and Number | Class# | Course Name | Scheduled course meeting times/days |
|--------------------------|--------|-------------|-------------------------------------|
| _____ | _____ | _____ | _____ |

Instructor: _____ Instructor's signature/date: _____

Student's signature: _____ Date _____

Department Chair/Designee's approval signature: _____ Date _____