

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

Submit this completed form to the Registrar's Office for processing; Stony Brook Union, Suite 206

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

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