



UNIVERSITY OF MASSACHUSETTS
AMHERST
Whitmore Administration Building
181 Presidents Drive
Amherst, MA. 01003-9313

Office of the Registrar

TIME CONFLICT FORM

Student Name: _____

Student ID#: _____

Semester: _____

I grant permission for the above named student to enroll in my course even though there is a time conflict.

Course Currently Enrolled In

Course Title/Number: _____

Course Schedule Number: _____

Instructor Name: _____

Instructor Signature: _____

Course To Be Added To Schedule

Course Title/Number: _____

Course Schedule Number: _____

Lab/Discussion Number: _____

Instructor Name: _____

Instructor Signature: _____