USF SARASOTA-MANATEE TIME CONFLICT FORM

Except in rare circumstances, the University of South Florida Sarasota-Manatee does not permit students to register for courses that are scheduled to meet at the same times or that overlap meeting times. In order to be permitted to register for or add courses that result in a time conflict, follow the instructions below.

1. Complete all information through student signature on the form below.
2. Obtain signatures of approval from the instructors of both courses related to the time conflict.
3. Present the signed form to your Academic Advisor, located in the Office of Student Services C107 for signature approval and over-ride (permit).
4. Permits typically take 1-2 business days. Once your permit has been issued you may register on OASIS.

Name________________________ Student ID____________ Major __________ Term__________

Justification________________________________________________________________________
____________________________________________________________________________________

List Courses in Time Conflict

NOTE: *If either instructor objects, please indicate by signing at the bottom of this form

1. ________________________________________________________________________________

   CRN  Prefix  Crs #  Sec  Instructor name *(printed)*  Day / Time
   ____________________________________________
   Instructor Signature  Date  Course Meeting Dates *(if web based)*

2. ________________________________________________________________________________

   CRN  Prefix  Crs #  Sec  Instructor name *(printed)*  Day / Time
   ____________________________________________
   Instructor Signature  Date  Course Meeting Dates *(if web based)*

STUDENT IS RESPONSIBLE FOR COMPLETION OF QUIZZES, TESTS AND EXAMS AT SCHEDULED TIMES. THE INSTRUCTOR IS IN NO WAY OBLIGATED TO MAKE PROVISIONS FOR MAKE-UP QUIZZES, TESTS, AND EXAMS DUE TO TIME CONFLICT.

____________________________________________  ______________________
Student Signature                                                Date

____________________________________________  ______________________
Signature of Academic Advisor *(if approved)*                   Date

For Internal Use Only

*I object to this time conflict and advised the student to modify his/her schedule.*

Instructor Signature________________________________   Date___________