



**Course Time Conflict Authorization & Registration Form**  
*The Office of Registration and Records*

**Year:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Completed CTU Credits:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Courses in time conflict:**

**Course 1:** \_\_\_\_\_ **Section #:** \_\_\_\_\_ **Day/Time:** \_\_\_\_\_

**Course 2:** \_\_\_\_\_ **Section #:** \_\_\_\_\_ **Day/Time:** \_\_\_\_\_

I understand that I am responsible for payment of tuition for the course I have listed above on the due dates listed in the schedule. Payments received after the due date/dates are subject to a late charge of \$25.00. Nonattendance of courses does not necessarily relieve students of their financial obligation. All requests to drop a class or withdraw must be submitted in writing to the office of the Registrar in a timely manner. Collection or litigation expenses associated with this account are the responsibility of the student. The university reserves the right to withhold all services with outstanding accounts.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by department chair or professors:**

**Enter a brief justification for the authorization of this course time conflict. Please indicate which class will be attended live and which will be attended asynchronously (i.e. Viewing recorded lectures, etc.)**

**Course 1 Professor Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course 2 Professor Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_