



# 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: \_\_\_\_\_