UNIVERSITY OF WISCONSIN WHITEWATER

For office use only:
Processed: _____

# Time Conflict Changes

**Please print clearly.** *Required information

You must have approval from the instructor whose course you have yet to register for that has the overlapping time. If an instructor has not yet been assigned for a class, contact the department offering the class to obtain an authorized signature. When you have obtained all appropriate instructor signatures, please submit the completed form to the Registrar's Office, Roseman 2032. **Approved requests will not be processed until after priority registration is available for the term requested. Please do not sign off until you have confirmed holds and time conflicts.**

NOTE: By registering for classes, you enter into a legally binding contract to pay all tuition and fees, including any non-refundable fees.

Time conflicts **WILL NOT** be processed if any of the following apply:

- Service Indicator (HOLD) that blocks enrollment activity
- Credit overload restriction without approval of Dean of major
- Career level restriction (i.e., undergraduate attempting to enroll in graduate level course without the School of Graduate Studies permission)
- Student is in academic dismissal status
- Pre-requisites or un-requisites are not met.

**Forms must be submitted AFTER enrollment appointment for term has passed.**

| ENROLLMENT APPOINTMENT DATE & TIME* |
|---|
| |

Time conflicts require proper signature(s) to be processed. Incomplete forms, or forms received without required information will be returned to the student and will not be processed.

| STUDENT NAME* | | |
|---|---|---|
| LAST / FAMILY / SURNAME(S) | FIRST / GIVEN NAME(S) | MIDDLE NAME(S) |
| | | |

| UW-WHITEWATER ID NUMBER* | DATE OF BIRTH* | | |
|---|---|---|---|
| | MONTH (MM) | DAY (DD) | YEAR (YYYY) |
| | | | |

| DAYTIME PHONE NUMBER* | UW-WHITEWATER E-MAIL ADDRESS* |
|---|---|
| | @uww.edu |

| TERM TIME CONFLICT IS FOR (CHECK ONE)* | | | | YEAR* | ENROLLMENT STATUS (CHECK ONE)* | |
|---|---|---|---|---|---|---|
| ☐ Fall | ☐ Winterim | ☐ Spring | ☐ Summer | 20 __ __ | ☐ Undergraduate | ☐ Graduate |

## CONFLICT APPROVALS

**INSTRUCTOR:** By signing this form, you are authorizing permission for this student to enter the designated courses.

**CLASS 1* - Lecture:** Are you registered for this class? ☐ Yes ☐ No ☐ Override Full Course Capacity
(If this class includes BOTH a lab and lecture, please include BOTH class numbers.)

| CLASS NO. (4 DIGIT) | SUBJECT (E.G. ECON) | COURSE NO. (3 DIGIT) | SECTION | UNITS | GRADING BASIS (A-F OR S/N) | INSTRUCTOR'S NAME (PRINTED): |
|---|---|---|---|---|---|---|
| | | | | | | INSTRUCTOR'S SIGNATURE: |

**CLASS 2* - Lecture:** Are you registered for this class? ☐ Yes ☐ No ☐ Override Full Course Capacity
(If this class includes BOTH a lab and lecture, please include BOTH class numbers.)

| CLASS NO. (4 DIGIT) | SUBJECT (E.G. ECON) | COURSE NO. (3 DIGIT) | SECTION | UNITS | GRADING BASIS (A-F OR S/N) | INSTRUCTOR'S NAME (PRINTED): |
|---|---|---|---|---|---|---|
| | | | | | | INSTRUCTOR'S SIGNATURE: |

By signing below, I confirm that the above information above true and correct and I accept full responsibility for submitting it to the University of Wisconsin – Whitewater Registrar's Office.

Student signature*_____ Date* _____

Only completed forms will be accepted/processed.

Registrar's Office I Roseman Hall, Room 2032
800 West Main Street I Whitewater, WI 53190-1790
Registrar@uww.edu I P: 262-472-1570

Updated 11/2020