

REGISTRATION TIME CONFLICT PERMISSION FORM

Time conflict exceptions are generally used to address slight overlaps in meeting times between courses that have a higher number of class sessions per week. No more than 10% of the weekly class meeting times should overlap between two courses. In the remote learning environment, the same principles apply to all courses. Students should not concurrently enroll in courses if more than 10% of the weekly scheduled class times conflict. Synchronous and hybrid courses are designed to have instructional engagement at a scheduled time. Recordings of these lectures are not intended to modify any course into an asynchronous or self-paced course.

School-specific instructions and approval:

TGS: send completed form along with instructor approval to gradservices@northwestern.edu

Bienen: send completed form along with instructor approval to musicstudentaffairs@northwestern.edu

Medill: send completed form along with instructor approval to Daniel.mackenzie@northwestern.edu

All others, send completed form along with permissions to nu-registrar@northwestern.edu

Students: enter your information and class details for all affected courses, and email this form to instructors. Both instructors must approve the time conflict exception, either by signing this form or by providing approval from their Northwestern email address. Please include student and course details in all email correspondence. **If the class has closed,** you will also need permission to enroll in a closed section. Time conflicts in excess of 10% may require additional approval from a Dean's office. The Registrar's Office will forward the form to the appropriate Dean's office and will not process the time conflict until it has been approved.

Student First and Last Name _____ **Student ID#** _____
email _____ **Term** _____ **Year** _____ **School** _____

CLASS #1 (currently enrolled):

Subject/Catalog # _____ Section # _____ Five Digit Class #: _____

Dis/Lab #: _____ Class Meeting Days/times: _____

#of class time minutes per week: _____ Instructor Name: _____

CLASS #2 (requesting to enroll):

Subject/Catalog # _____ Section # _____ Five Digit Class #: _____

Dis/Lab #: _____ Class Meeting Days/times: _____

#of class time minutes per week: _____ Instructor Name: _____

CLASS #2 meetings overlap CLASS #1 meetings by _____ **minutes per week.**

Instructor for Class #1

This student has permission to enroll in the above class.

Instructor Signature: _____

Date: _____

Permission# or signature to add if class CLOSED

Instructor for Class #2

This student has permission to enroll in the above class.

Instructor Signature: _____

Date: _____

Permission# or signature to add if class CLOSED
