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
School of Communication: must email dear-soc@northwestern.edu to request approval from the Associate Dean of Undergraduate Programs and Advising prior to contacting any faculty member for any time conflict requests.
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.

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