

**TIME CONFLICT PERMISSION**  
College of Architecture, Art, and Planning  
Cornell University

**STUDENT INFORMATION**

Student Name:

Cornell 7-digit ID:

Major:

NetID:

**CLASSES WITH TIME CONFLICT**

**Class 1:**

Semester and Year:

Subject and Catalog #:

Class Section:

Class ID:

Instructor:

Class Meeting Times:

**Class 2:**

Semester and Year:

Subject and Catalog #:

Class Section:

Class ID:

Instructor:

Class Meeting Times:

**INSTRUCTOR CONSENT FOR STUDENT TO ENROLL IN CLASSES WITH TIME CONFLICT**

**Instructor of Class 1:**

This student has permission to enroll in the above class.  
We have discussed the time conflict.

\_\_\_\_\_  
*Instructor Signature*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor of Class 2:**

This student has permission to enroll in the above class.  
We have discussed the time conflict.

\_\_\_\_\_  
*Instructor Signature*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT ACCEPTANCE OF TERMS**

*By submitting this enrollment request, I acknowledge that I am enrolling in two classes with a time conflict. I understand it is my responsibility to satisfy all the requirements of both classes.*

Student Signature:

Date:

Submit this form to the Office of Admissions and Academic Services, 235 Sibley Dome.