TIME CONFLICT OVERRIDE FORM

Please complete all fields to avoid delays in processing. This form must be accompanied by an add slip.

STUDENT INFORMATION

Name __________________________________________________________
Golden Grizzly number ____________________________
Semester ____________________________ Year ____________
Reason for override ____________________________________________

Signature ____________________________ Date ______________

Course #1 __________________________________________ Meeting days __________________________________
CRN ____________________________ Class start time ____________________________
Instructor ____________________________ Class end time ____________________________
How will you accommodate the missing time? ____________________________________________

Instructor signature ____________________________ Date ______________

☑ approved ☐ not approved

Course #2 __________________________________________ Meeting days __________________________________
CRN ____________________________ Class start time ____________________________
Instructor ____________________________ Class end time ____________________________
How will you accommodate the missing time? ____________________________________________

Instructor signature ____________________________ Date ______________

☐ approved ☐ not approved

DEAN AUTHORIZATION

Associate dean signature ______________________________________ Date ______________ ☐ approved ☐ not approved

(If from a different school/college)
Associate dean signature ______________________________________ Date ______________ ☐ approved ☐ not approved

Please mail this completed form to:
Oakland University
Office of the Registrar
100 O’Dowd Hall
2200 North Squirrel Road
Rochester, MI 48309-4401
Fax to: (248) 370-3890
Email to: regservices@oakland.edu
Questions? Call (248) 370-3450

FOR INTERNAL USE ONLY
Date processed ____________________________
Registration agent ____________________________
Remarks ____________________________