

Time Conflict Override Request Form

Department of Political Science

Student Name: _____

NetID: _____ UIN: _____

In the following, "Course 1" is the course that you want a time override for (this should be a Political Science course). "Course 2" is the other course at the same time.

Course 1

Subject: _____	Number: _____	CRN: _____
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Course 2

Subject: _____	Number: _____	CRN: _____
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How will you navigate the time conflict?

(You should explain which course meetings you will attend with which frequency, how you will take exams, how you will make up missed material, how you will turn in assignments, etc. as applicable)

Once you have completed everything above, the following should be filled out by the course instructors.

Course 1 Instructor

Name (printed):	Signature: _____
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I think the plan listed above is plausible and I approve this time override.

Course 2 Instructor

Name (printed):	Signature: _____
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I think the plan listed above is plausible and I approve this time override.