

REQUEST FOR REGISTRATION WITH TIME CONFLICTS

Attendance and class participation are important both for successful completion of coursework, and also for class dynamics that depend on involved interaction. Registering for courses with time conflicts is discouraged for all students, and is not allowed for freshmen.

Maximum time conflict overlaps are:

- 30 minutes per week if all involved courses are 4-5 credits
- 20 minutes per week if any involved course is 2-3 credits
- 10 minutes per week if any involved course is 1 credit

Name (First MI Last) _____ Date _____

LC ID# _____ Phone _____ Email _____

Advisor _____ Class SR JR SO FR

Current semester (semester & year) _____

STEP 1 List the courses which conflict (Example: BIO-141-01) and the instructor name

Course section 1 _____ Instructor: _____

Course section 2 _____ Instructor: _____

List the days of the week on which the courses overlap, and the amount of overlap time on each day of the week

Days of overlap: M T W TH F

of minutes: _____ Total minutes per week: _____

STEP 2 Explain how you will manage the conflict, which class you will miss and how you will make up work for each class.

STEP 3 Obtain registration permission from the instructors of the courses listed above by forwarding the form to them from your **LC email** address.

Instructors:

If you approve of the plan proposed by the student in Step 2, and agree to allow the student to miss indicated class time (not to exceed listed maximums), please **forward** this form to reg@lclark.edu, indicating your approval in the body of the email. (Both involved instructors must forward and approve the form.)

Remember that during the add/drop period you must also provide permission to register via WebAdvisor.

STEP 4

This form must be forwarded, by both instructors, to the [Office of the Registrar](#) **before** 4pm on the last day of the add/drop period. The student will not be registered if the instructor has not provided online permission.

For Office Use Only

- | | | |
|---|------------------------------|---|
| <input type="checkbox"/> Verify schedule and overlap | <input type="checkbox"/> RGN | <input type="checkbox"/> Date _____ |
| <input type="checkbox"/> Verify instructor permission | | <input type="checkbox"/> Initials _____ |