

**INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM**  
**iBioMed Advisement**  
**COURSE CONFLICT FORM**

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ACADEMIC PLAN (e.g. HESE, Mech & BME, Elec & BME): \_\_\_\_\_  
 PLEASE CHECK THE APPLICABLE SESSION: ☐ Fall ☐ Winter ☐ Spring/Summer

**COURSE CONFLICT WAIVER (THIS SECTION TO BE COMPLETED BY THE STUDENT)**

Request to enroll in the following two courses that have timetable conflicts:

Course 1: _____	Lecture #: _____ (C01, C02, etc)	Lab #: _____ (L01, L02, etc)	Tutorial #: _____ (T01, T02, etc)
Course 2: _____	Lecture #: _____ (C01, C02, etc)	Lab #: _____ (L01, L02, etc)	Tutorial #: _____ (T01, T02, etc)

Reason/explanation why you are requesting to register in two courses that have a timetable conflict:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM APPROVAL (THIS SECTION TO BE COMPLETED BY THE PROGRAM)**

**COURSE 1 INSTRUCTOR:**

Comments:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**COURSE 2 INSTRUCTOR:**

Comments:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PROGRAM AUTHORIZATION:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Please Print NAME)

Date: \_\_\_\_\_ ☐ APPROVED ☐ DENIED