

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, I	Wech & BME, Elec & BME):	-	
PLEASE CHECK THE APPLICA	ABLE SESSION: Fall	☐ Winter	Spring/Summer
COURSE CONFLICT WAIN Request to enroll in the following			HE STUDENT)
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	e requesting to register in two c	courses that have a timetab	ole conflict:
Student Signature:		Date:	
PROGRAM APPROVAL (T	HIS SECTION TO BE CO		ROGRAM)
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PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments:	HIS SECTION TO BE CO	MPLETED BY THE PR	ROGRAM)
PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments: Name:	THIS SECTION TO BE CO	MPLETED BY THE PR	ROGRAM)
PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments: Name: COURSE 2 INSTRUCTOR:	THIS SECTION TO BE CO	MPLETED BY THE PR	ROGRAM)
PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments: Name: COURSE 2 INSTRUCTOR:	THIS SECTION TO BE CO	MPLETED BY THE PR	ROGRAM)
PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments: Name: COURSE 2 INSTRUCTOR: Comments:	HIS SECTION TO BE CO	MPLETED BY THE PR	ROGRAM)
PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments: Name: COURSE 2 INSTRUCTOR: Comments: Name: PROGRAM AUTHORIZATION: Name:		MPLETED BY THE PR	ROGRAM)
PROGRAM APPROVAL (T COURSE 1 INSTRUCTOR: Comments: Name: COURSE 2 INSTRUCTOR: Comments: Name: PROGRAM AUTHORIZATION:	int NAME)	MPLETED BY THE PR	ROGRAM)

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