

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM

COURSE CONFLICT FORM

STUDENT NAME:

STUDENT NUMBER:

EMAIL ADDRESS:

@mcmaster.ca

PHONE NUMBER:

ACADEMIC PLAN & LEVEL (e.g. HESE III, Mech & BME II):

PLEASE CHECK THE APPLICABLE SESSION:

☐ Fall

☐ Winter

☐ Spring/Summer

COURSE 1 CONFLICT WAIVER

Request to enroll in the following course that has a timetable conflict:

Course 1:

Lecture #:

Lab #:

Tutorial #:

(C01, C02, etc.)

(L01, L02, etc.)

(T01, T02, etc.)

Please indicate the date and time of the corresponding lecture, lab and tutorial sections (E.g., Monday 2:30 – 4:30 PM)

Lec:

Lab:

Tut:

☐ I am already enrolled in this course

☐ I meet the prerequisites for this course

I will be missing: ☐ Lecture ☐ Lab ☐ Tutorial

COURSE 2 CONFLICT WAIVER

Request to enroll in the following course that has a timetable conflict:

Course 2:

Lecture #:

Lab #:

Tutorial #:

(C01, C02, etc.)

(L01, L02, etc.)

(T01, T02, etc.)

Please indicate the date and time of the corresponding lecture, lab and tutorial sections (E.g., Monday 2:30 – 4:30 PM)

Lec:

Lab:

Tut:

☐ I am already enrolled in this course

☐ I meet the prerequisites for this course

I will be missing: ☐ Lecture ☐ Lab ☐ Tutorial

Academic plan to compensate for missed portions of this course and the strategies to remain on track:

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

☐ I accept responsibility for the academic risks involved in registering in two courses with conflicting components.

Student

Signature: Date:

Instructor
Comments:

Instructure
Name:

Instructure
Signature: Date:

Instructor
Comments:

Instructure
Name:

Instructure
Signature: Date:

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

PROGRAM AUTHORIZATION:

Name:

☐ APPROVED ☐ DENIED

Signature:

Date:

Date Processed:

Date Student Notified:

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