

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

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: _____

Instructor
Name: _____

Instructor
Signature: _____ Date: _____

Instructor
Comments: _____

Instructor
Name: _____

Instructor
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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