

FACULTY OF ENGINEERING
COURSE CONFLICT FORM

STUDENT NAME: _____ STUDENT NUMBER: _____

EMAIL ADDRESS: _____@mcmaster.ca PHONE NUMBER: _____

ACADEMIC PLAN & LEVEL (e.g. Civil II, BTech III, etc.): _____

PLEASE CHECK THE APPLICABLE SESSION: Fall Winter Spring/Summer

<p>COURSE 1 CONFLICT WAIVER Request to enroll in the following course that has a timetable conflict:</p> <p>Course 1: _____</p> <p>Lecture #: _____ Lab #: _____ Tutorial #: _____ <small>(C01, C02, etc.) (L01, L02, etc.) (T01, T02, etc.)</small></p> <p>Please indicate the date and time of the corresponding lecture, lab and tutorial sections (E.g., Monday 2:30 – 4:30 PM)</p> <p>Lec: _____ Lab: _____ Tut: _____</p> <p><input type="checkbox"/> I am already enrolled in this course <input type="checkbox"/> I meet the prerequisites for this course</p> <p>I will be missing: <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial</p>	<p>COURSE 2 CONFLICT WAIVER Request to enroll in the following course that has a timetable conflict:</p> <p>Course 2: _____</p> <p>Lecture #: _____ Lab #: _____ Tutorial #: _____ <small>(C01, C02, etc.) (L01, L02, etc.) (T01, T02, etc.)</small></p> <p>Please indicate the date and time of the corresponding lecture, lab and tutorial sections (E.g., Monday 2:30 – 4:30 PM)</p> <p>Lec: _____ Lab: _____ Tut: _____</p> <p><input type="checkbox"/> I am already enrolled in this course <input type="checkbox"/> I meet the prerequisites for this course</p> <p>I will be missing: <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial</p>
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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: _____

<p>Instructor Comments: _____</p> <p>Instructure Name: _____</p> <p>Instructure Signature: _____ Date: _____</p>	<p>Instructor Comments: _____</p> <p>Instructure Name: _____</p> <p>Instructure Signature: _____ Date: _____</p>
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DEPARTMENTAL APPROVAL (THIS SECTION TO BE COMPLETED BY THE DEPARTMENT)

DEPARTMENTAL AUTHORIZATION:

Name: _____ APPROVED DENIED

Signature: _____ Date: _____

Date Processed: _____

Date Student Notified: _____

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