

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
 WILL YOU BE ON CO-OP DURING THE APPLICABLE SESSION? Yes No

<p>COURSE 1 CONFLICT WAIVER Request to enroll in the following course that has a timetable conflict: Course 1: _____ Lecture #: _____ Lab #: _____ Tutorial #: _____ <small>(C01, C02, etc.) (L01, L02, etc.) (T01, T02, etc.)</small> 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: _____ <input type="checkbox"/> I am already enrolled in this course <input type="checkbox"/> I meet the prerequisites for this course 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: Course 2: _____ Lecture #: _____ Lab #: _____ Tutorial #: _____ <small>(C01, C02, etc.) (L01, L02, etc.) (T01, T02, etc.)</small> 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: _____ <input type="checkbox"/> I am already enrolled in this course <input type="checkbox"/> I meet the prerequisites for this course 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: _____

Instructor Comments: _____ Instructure Name: _____ Instructure Signature: _____ Date: _____	Instructor Comments: _____ Instructure Name: _____ Instructure Signature: _____ Date: _____
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PROGRAM APPROVAL (THIS SECTION TO BE COMPLETED BY THE PROGRAM)

PROGRAM AUTHORIZATION:

Name: _____ APPROVED DENIED

Signature: _____ Date: _____

Date Processed: _____

Date Student Notified: _____

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocations; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University, 905-525-9140.