UCF
COLLEGE OF SCIENCES
ACADEMIC SERVICES
Graduate Services

_____   _____   _____
Name   **Program/Track**   **EMPL**

This form must accompany the department override form for the course that cannot be currently registered.

The above student has permission to take the following courses despite the time conflict:

The information below must be completed in order for this student to enroll into both courses in which the time conflict occurs.

Course One:

_____   _____ . _____   _____
Prefix   Number   Section   Date/Time of Class (as indicated in myUCF)

_____   _____
Instructor Signature   Date

_____
Print Name

Course Two:

_____   _____ . _____   _____
Prefix   Number   Section   Date/Time of Class (as indicated in myUCF)

_____   _____
Instructor Signature   Date

_____
Print Name

Notes/Comments (optional):

College Graduate Office Approval:_____   _____
                                                         Signature   Date