



STUDENT NAME: _____

SID: R _____

SEMESTER/TERM: Fall Spring Summer I Summer II YEAR: _____

COURSES IN CONFLICT: ART _____

(course, section, & CRN)

(scheduled meeting days and times)

(course, section, & CRN)

(scheduled meeting days and times)

This student has my permission to register for the above courses as the times for ART _____

will be flexible and arranged to allow for the time conflict as follows: _____

STUDENT SIGNATURE: _____

DATE: _____

INSTRUCTOR SIGNATURE: _____

DATE: _____

ADVISOR SIGNATURE: _____

DATE: _____

(date enrolled with permit)

Xc: Student, Instructor, SoA file