CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

College of Engineering

Schedule Conflict Override Request For:

_____	_____	_____
Name of Student	Bronco ID	Phone Number

This student has permission from the instructors of the two courses listed below to enroll in both courses despite a scheduling conflict. They have worked out an acceptable compromise that allows the student to enroll in both courses and complete the assigned work.

No override approval will be given for a class schedule conflict over 5 minutes.

_____	_____	_____	
Course Prefix and Number	Section	Class CRN Number	
_____	_____		
Meeting Days and Times	Course Title		
_____	_____	_____	
Instructor's Name (Print)	Instructor's Signature	Date	

_____	_____	_____	
Course Prefix and Number	Section	Class CRN Number	
_____	_____		
Meeting Days and Times	Course Title		
_____	_____	_____	
Instructor's Name (Print)	Instructor's Signature	Date	

Reason for this request and plans to resolve the overlap: _____

_____

Approved by:

_____	_____	_____
Associate Dean, College of Engineering (Print Name)	Signature	Date

If one of the above classes is outside the College of Engineering, approval must first be obtained from the Associate Dean of the other college in the space provided below:

Approved by:

_____	_____	_____
Associate Dean (Print Name)	Signature	Date

- Approvals on this form do not guarantee class enrollment if the class is full.
- If class is full and instructor agrees to allow enrollment, obtain a permission number to submit with this form.
- After being approved, the student submits this form to the Registrar's Office.

Rev. April 09