



Request to Approve Time Conflict

(Submit to registrar@easternct.edu once completed)

Students wishing to register for two or more courses which have overlapping meeting times, either in part or total, must have approval from all instructors involved before registering for the course(s) which creates the time conflict.

First Name: _____ Last Name: _____ Middle Initial: _____

Student ID: _____ Term of Conflict (Ex. Fall 2023): _____

Registered Course Information:

Course Title: _____ Subject/Number(Ex. PSY 101): _____

CRN(Ex. 14585): _____ Scheduled Days (Ex. MWF 9-9:50): _____

Instructor Approval:

Name: _____ Signature: _____

Course with Conflict (to be added):

Course Title: _____ Subject/Number(Ex. PSY 101): _____

CRN(Ex. 14585): _____ Scheduled Days (Ex. MWF 9-9:50): _____

Instructor Approval:

Name: _____ Signature: _____