

FACULTY OF ENGINEERING
COURSE CONFLICT FORM

STUDENT NAME: _____

STUDENT NUMBER: _____

EMAIL ADDRESS: _____ @mcmaster.ca

PHONE NUMBER: _____

ACADEMIC PLAN & LEVEL (e.g. Civil II, BTech III, etc.): _____

PLEASE CHECK THE APPLICABLE SESSION: ☐ Fall ☐ Winter ☐ Spring/Summer

IF THERE IS A CONFLICT BETWEEN A CAS AND A NON-CAS COURSE, PLEASE ENROLL IN THE NON-CAS COURSE.

<div>COURSE 1 CONFLICT WAIVER Request to enroll in the following course that has a timetable conflict:</div> <div>Course 1: _____</div> <div>Lecture #: _____ Lab #: _____ Tutorial #: _____ <small>(C01, C02, etc.) (L01, L02, etc.) (T01, T02, etc.)</small></div> <div>Please indicate the date and time of the corresponding lecture, lab and tutorial sections (E.g., Monday 2:30 – 4:30 PM)</div> <div>Lec: _____ Lab: _____ Tut: _____</div> <div><input type="checkbox"/> I am already enrolled in this course</div> <div><input type="checkbox"/> I meet the prerequisites for this course</div> <div>I will be missing: <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial</div>	<div>COURSE 2 CONFLICT WAIVER Request to enroll in the following course that has a timetable conflict:</div> <div>Course 2: _____</div> <div>Lecture #: _____ Lab #: _____ Tutorial #: _____ <small>(C01, C02, etc.) (L01, L02, etc.) (T01, T02, etc.)</small></div> <div>Please indicate the date and time of the corresponding lecture, lab and tutorial sections (E.g., Monday 2:30 – 4:30 PM)</div> <div>Lec: _____ Lab: _____ Tut: _____</div> <div><input type="checkbox"/> I am already enrolled in this course</div> <div><input type="checkbox"/> I meet the prerequisites for this course</div> <div>I will be missing: <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial</div>
<div>Academic plan to compensate for missed portions of this course and the strategies to remain on track:</div> <div> </div> <div>Reason/explanation why you are requesting to register in two courses that have a timetable conflict:</div> <div> </div>	
<div><input type="checkbox"/> I accept responsibility for the academic risks involved in registering in two courses with conflicting components.</div>	
<div>Student Signature: _____ Date: _____</div>	
<div>Instructor Comments: _____</div> <div>Instructor Name: _____</div> <div>Instructor Signature: _____ Date: _____</div>	<div>Instructor Comments: _____</div> <div>Instructor Name: _____</div> <div>Instructor Signature: _____ Date: _____</div>

DEPARTMENTAL APPROVAL (THIS SECTION TO BE COMPLETED BY THE DEPARTMENT)

DEPARTMENTAL AUTHORIZATION:

Name: _____

☐ APPROVED ☐ DENIED

Signature: _____

Date: _____

Date Processed: _____

Date Student Notified: _____