



## COMPUTING AND SOFTWARE COURSE CONFLICT FORM

Name: \_\_\_\_\_ Program & Level: \_\_\_\_\_

Student #: \_\_\_\_\_ McMaster E-mail: \_\_\_\_\_@mcmaster.ca

Phone: \_\_\_\_\_ Term: \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY THE STUDENT.

Request to enroll in the following two courses that have timetable conflicts:

Course 1: \_\_\_\_\_ Lecture Section: \_\_\_\_\_ Lab Section: \_\_\_\_\_ Tutorial Section: \_\_\_\_\_

☐

I am already enrolled in this course

☐

I meet the prerequisites for this course

Course 2: \_\_\_\_\_ Lecture Section: \_\_\_\_\_ Lab Section: \_\_\_\_\_ Tutorial Section: \_\_\_\_\_

☐

I am already enrolled in this course

☐

I meet the prerequisites for this course

Reason why you are requesting to register in two courses with conflicting schedules:

I accept responsibility for the academic risks involved in registering in two courses with conflicting components.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GET INSTRUCTOR SIGNATURES, THEN E-MAIL TO [casug@mcmaster.ca](mailto:casug@mcmaster.ca).**

**Instructor (Course 1):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructor (Course 2):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPARTMENTAL AUTHORIZATION:

Name: \_\_\_\_\_ Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED: ☐

DENIED: ☐