OBERLIN
COLLEGE & CONSERVATORY

Time Conflict
Office of the Registrar

1) Complete the Student Information, Course Details, and Class Meeting Times sections.
2) After filling out the form, provide it to your instructors and request their review and signature of approval.
3) Before submitting the completed form, ensure that you have any required instructor consent or prerequisite overrides recorded on your record; you can check this by accessing the Prepare for Registration task within Oberview.
4) Submit the completed form in person at the Office of the Registrar or via email at registrar@oberlin.edu.

Please note that we cannot process registrations for courses that are already full.

Student Information

Full Name _____ T# _____

Current Term: ☐ Fall & Year _____   ☐ Spring & Year _____   Division: ☐ A&S   ☐ CON   ☐ DD

Course Details

Enter the details of the course you are currently registered in.

Registered Course   CRN _____   Dept. _____ (e.g., AAST, BIOL)   Number _____

Provide the details of the course you wish to register for.

Desired Course   CRN _____   Dept. _____ (e.g., AAST, BIOL)   Number _____

Does the course require instructor consent?   ☐ Yes, and consent was added to my record by the instructor.
☐ No

Does the course require a prerequisite?   ☐ Yes, I have completed the prerequisite, or the instructor has added a prerequisite override to my record.
☐ No

Class Meeting Times

What day(s) and time(s) do the courses meet?

Registered Course
☐ Monday   _____ : _____ to _____ : _____ am/pm
☐ Tuesday   _____ : _____ to _____ : _____ am/pm
☐ Wednesday   _____ : _____ to _____ : _____ am/pm
☐ Thursday   _____ : _____ to _____ : _____ am/pm
☐ Friday   _____ : _____ to _____ : _____ am/pm

Desired Course
☐ Monday   _____ : _____ to _____ : _____ am/pm
☐ Tuesday   _____ : _____ to _____ : _____ am/pm
☐ Wednesday   _____ : _____ to _____ : _____ am/pm
☐ Thursday   _____ : _____ to _____ : _____ am/pm
☐ Friday   _____ : _____ to _____ : _____ am/pm

Instructor Approval

The courses listed have a time conflict. By signing this form, you are acknowledging the conflict and granting permission for the student to register for your course with the understanding that they may need to arrive late, leave early, arrange additional meeting times, or make up missed class or lab work.

Instructor of **Registered** Course: **Name** _____ Signature_____ Date _____

Instructor of **Desired** Course: **Name** _____ Signature_____ Date _____