COURSE CONFLICT OVERRIDE REQUEST

Important things to know prior to completing this form:

- You must register for one of the two courses in conflict
- This form will only override the time conflict
- This form will not override a department approval
- Course conflict override requests must be received prior to add/drop deadline
- If submitted after the add/drop deadline, you must also attach a late add petition

(Please print)
Name: ___________________________ B-Number: ___________________________ Date: ___________________________
(mm/dd/yyyy)

☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  Semester: (Enter Year, YYYY) ___________________________

Course 1: Register yourself for Course 1 on BU BRAIN.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section Number</th>
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</table>

CRN ___________________________

Course 2: The Financial Aid and Student Records office will register you for Course 2.

*Please fill in all applicable sections pertaining to Course 2.

<table>
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<tr>
<th>Course Title</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section Number</th>
<th>CRN</th>
<th>Discussion Section Number or CRN</th>
<th>Activity Section Number or CRN</th>
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Student’s Signature: ___________________________ Date: ___________________________
(mm/dd/yyyy)

Instructor’s approval must be obtained from the class you will be missing time from.

Instructor’s Signature: ___________________________ Date: ___________________________
(mm/dd/yyyy)

OFFICE USE ONLY

Date Processed: ___________________________ Initials ___________________________