For office use only:
Processed: _____

Time Conflict Changes

Please print clearly. *Required information

You must have approval from all instructors for each of the conflicting courses. If an instructor has not yet been assigned for a class, contact the department offering the class to obtain an authorized signature. When you have obtained all appropriate instructor signatures, please submit the form to the Registrar's Office, Roseman 2032 or registrar@uww.edu. **Approved requests will not be processed until after priority registration is available for the term requested. Please do not sign off until you have confirmed holds and time conflicts.** By registering for classes, you enter into a legally binding contract to pay all tuition and fees, including any non-refundable fees.

Time conflicts **WILL NOT** be processed if any of the following apply:
- **Service Indicator (HOLD)** that blocks enrollment activity
- **Credit overload restriction** without approval of Dean of major
- **Career level restriction** (i.e., undergraduate attempting to enroll in graduate level course without the School of Graduate Studies permission)
- **Student is in academic dismissal status**
- **Pre-requisites or co-requisites are not met**.

Time conflicts require proper signature(s) to be processed. Incomplete forms, or forms received without required information will be returned to the student and will not be processed.

> **Forms must be submitted AFTER your enrollment appointment for the term has passed.**

ENROLLMENT APPOINTMENT DATE & TIME*

STUDENT NAME*		
LAST / FAMILY / SURNAME(S)	FIRST / GIVEN NAME(S)	MIDDLE NAME(S)

UW-WHITEWATER ID NUMBER*	DATE OF BIRTH*		
	MONTH (MM)	DAY (DD)	YEAR (YYYY)

DAYTIME PHONE NUMBER*	UW-WHITEWATER E-MAIL ADDRESS*
	@uww.edu

TERM TIME CONFLICT IS FOR (CHECK ONE)*	YEAR*	ENROLLMENT STATUS (CHECK ONE)*
☐ Fall ☐ Winterim ☐ Spring ☐ Summer	20 __ __	☐ Undergraduate ☐ Graduate

CONFLICT APPROVALS   **INSTRUCTOR:** By signing this form, you are authorizing permission for this student to enter the designated courses.

CLASS CURRENTLY ENROLLED IN:
(If this class includes BOTH a lab and lecture, please include BOTH class numbers.)

CLASS NO. (4 DIGIT)	SUBJECT (E.G. ECON)	COURSE NO. (3 DIGIT)	SECTION	UNITS	GRADING BASIS (A-F OR S/N)	INSTRUCTOR'S NAME (PRINTED):
						INSTRUCTOR'S SIGNATURE:

☐ **Override Full Course Capacity**

CLASS REQUESTING TO BE ENROLLED IN:
(If this class includes BOTH a lab and lecture, please include BOTH class numbers.)

CLASS NO. (4 DIGIT)	SUBJECT (E.G. ECON)	COURSE NO. (3 DIGIT)	SECTION	UNITS	GRADING BASIS (A-F OR S/N)	INSTRUCTOR'S NAME (PRINTED):
						INSTRUCTOR'S SIGNATURE:

☐ **Override Full Course Capacity**

☐ **I do not have any holds on WINS that prevent enrollment.**   ☐ **I am not exceeding my credit limit for the term.**

By signing below, I confirm that the above information above true and correct and I accept full responsibility for submitting it to the University of Wisconsin – Whitewater Registrar's Office.

Student Signature* _____   **Date*** _____