ASHLAND UNIVERSITY PERMISSION FOR COURSE CONFLICT (web version)
(Students are not permitted to register for classes that have a time conflict without Instructors and Department Chair permission.)

Name: _____________________________ SSN/Student No. ____________

Semester _________ Year _________

List Courses That Conflict:

<table>
<thead>
<tr>
<th>Department</th>
<th>Course No.</th>
<th>Section</th>
<th>Days</th>
<th>Time</th>
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Describe How Conflict is to be Resolved

________________________________________________________
________________________________________________________
________________________________________________________

Signature of Instructor(s) involved in the resolution
Date__________________________

Signature of Department Chair for Instr. involved in resolution
Date__________________________

Signature of Dean of College for Instr. involved in resolution
Date__________________________

Print form and bring to Registrar’s Office (206 Founders Hall) when all signatures are obtained.