MARQUETTE
UNIVERSITY

Registration Class Time Conflict

Purpose: Used to seek approval to take two classes with a class time conflict.

Student Instructions:
1. Complete Sections 1-3 of this form, using a computer.
   a. **a handwritten form will not be accepted.**
   b. an incomplete form will not be processed and will be returned to you for completion.
2. Print the form using the 'Print Form' button.
3. Sign the form in Section 4; a digital signature is **not** acceptable.
4. Obtain signatures from each instructor and each department for approval in Sections 2 and 3.
5. **Submit this form to your college or dean's office before the last day to register as listed on the** Academic Calendar **for the classes listed below.**
6. Register for all other classes via CheckMarq.
7. If approved, your college or dean's office will register you for the class.
Note:
a. this approval will not apply if a class section is full. You must obtain a permission number to enroll in a full section.
b. the University does not normally allow this action.

College/School Instructions:
1. Do not approve this request without the student's plan to make up missed contact hours.
2. Designate approval or denial and sign the form in Section 5.
3. Scan the form to the Office of the Registrar via ImageNow.

Section 1: Student Information

Name
Last name, First name Middle name _____ MUID _____

Email _____ @marquette.edu   College/School _____

Term
(Fall, Spring or Summer and Year) _____ Major _____ Current Credit Load
(without the classes below) _____

Section 2: Course 1 Information *(the student should register for this class in CheckMarq before seeking approval)*

Subject Code _____   Catalog Number _____   Section Number _____   Class Number _____
(e.g. ENGL)   *(e.g. 1001)*   *(e.g. 101)*

Associated Class Number _____   Permission Number _____
(for Lab, Quiz, Discussion, etc.)   *(for Consent or Override, if necessary)*
Instructor Approval _____   Dept. Approval _____

Other Notes or Conditions for Approval _____

How will student make up the missed contact hours in this class, as required by the University's Course Scheduling Policy? *(required)*
_____

Section 3: Course 2 Information *(if approved, the college or dean's office will enroll the student in this class)*

Rationale for this request _____

Subject Code _____   Catalog Number _____   Section Number _____   Class Number _____
(e.g. ENGL)   *(e.g. 1001)*   *(e.g. 101)*

Associated Class Number _____   Permission Number _____
(for Lab, Quiz, Discussion, etc.)   *(for Consent or Override, if necessary)*
Instructor Approval _____   Dept. Approval _____

Other Notes or Conditions for Approval _____

How will student make up the missed contact hours in this class, as required by the University's Course Scheduling Policy? *(required)*
_____

Section 4: Student Signature
I request enrollment in the courses indicated above and clearly understand the requirements/conditions of enrollment.

Student's signature _____   Date _____

Section 5: College/School Approval

☐ Approved   ☐ Denied

College/School Signature _____   Date _____

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