

## Time Conflict Override Form

Students may NOT automatically enroll in two classes that meet at the same time. However, if you have an extenuating circumstance that requires you to enroll in courses that meet simultaneously or have a partial overlap of the beginning or ending time, please complete this form. You will need the approval of BOTH instructors.

Reason for conflict and how to resolve:

\_\_\_\_\_

**Send Completed Form To:**

University of Rhode Island  
Enrollment Services Green Hall  
6 Rhody Ram Way  
Kingston, RI 02881 USA

**Email:** [esmail@etal.uri.edu](mailto:esmail@etal.uri.edu)

**Fax:** (401) 874-2910

**Website:**

[web.uri.edu/enrollment](http://web.uri.edu/enrollment)

\_\_\_ Undergrad

\_\_\_ Graduate

\_\_\_ Non Matriculated

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Summer

\_\_\_ Fall

\_\_\_ Winter J-Term

\_\_\_ Spring

Please list both of the courses that conflict with each other.

By signing below, I grant permission for the above named student to enroll in my course even though there is a time conflict.

**Approval of Instructor for course 1: (already enrolled)**

Subj: \_\_\_\_\_ Course#: \_\_\_\_\_ Section#: \_\_\_\_\_ Credits: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Comment: \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of Instructor for course 2: (course causing time conflict)**

Subj: \_\_\_\_\_ Course#: \_\_\_\_\_ Section#: \_\_\_\_\_ Credits: \_\_\_\_\_ Permission Number \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Comment: \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Enrollment Services Use:**

Processed in e\_Campus: \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_  
Staff Initials