

# Course Conflict Registration Request Form

PLEASE READ:

1. **Engineering courses take priority over non-Engineering courses.** By signing this form, you agree to attend your Engineering course instead of the course in conflict (if non-Engineering). If both (or more) courses are Engineering courses, please provide detailed reasons why you must enroll in the proposed course.
2. Conflicts - even if accommodated by completion of this form - **cannot be used as a basis for appeal.**
3. A copy of your timetable and academic record (unofficial transcript) must be included with the submission of this form or it will not be processed.
4. If approved, special permission will be added to your record and you will need to call the Help Line to register for the course(s) 519-661-2100.
5. Please indicate other conflicts you anticipate this term in the "Reason for conflict" box.

<b>NAME:</b>	<b>Student Number:</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											<b>Term</b>
<b>Western Email:</b>  @uwo.ca	<b>Today's Date:</b>	<b>Year in program</b>										
<b>Program: (ie. ECE, CEE)</b>	<b>Signature</b>											

(By signing above, I agree to all conditions outlined on this form).

**I would like to enrol in the following course:**

Course #1 (ex. CEE 2202a)	LECTURE Section # (ex. 002)	LAB Section #	TUTORIAL Section #
---------------------------	-----------------------------	---------------	--------------------

**Which conflicts with:**

Course #2 (ex. CEE 2224)	LEC/LAB/TUT	Section #	Day	Time
Course #3	LEC/LAB/TUT	Section #	Day	Time

**Reason for conflict:**

**Approvals:**

Course #1:	Instructor Name: (PLEASE PRINT)	Instructor Signature:	Date:
Conditions: Not grounds for appeal Other:			
Course #2:	Instructor Name: (PLEASE PRINT)	Instructor Signature:	Date:
Conditions: Not grounds for appeal Other:			
Course #3:	Instructor Name: (PLEASE PRINT)	Instructor Signature:	Date:
Conditions: Not grounds for appeal Other:			
	Department Counsellor:	Department Signature:	Date:

FOR OFFICE USE ONLY

**Associate Dean, (Undergraduate Studies) Office Approval:**

Signature	Date
-----------	------