

Time Conflict Override Form

Submit the completed form through the [Document Uploader](#) for processing. For time sensitive requests, please email to michelle.sager@utsa.edu.

- **Fields to select on the Document Uploader:** Department: Registrar; Term: Select Applicable Term; Category: Registration Forms; Document: Time Conflict Override Form

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Preferred Email: _____
Phone Number: _____ myUTSA ID (if known): _____

COURSE INFORMATION

The student listed above has my permission to register for:

CRN: _____ Subject: _____ Course #: _____ Section #: _____

AND

CRN: _____ Subject: _____ Course #: _____ Section #: _____

INSTRUCTOR APPROVAL

Faculty Signatures are **required** for approval.

Term: Fall Spring Summer

Instructor Printed Name: _____ Signature: _____ Date: _____

Instructor Printed Name: _____ Signature: _____ Date: _____

UTSA OFFICE USE ONLY: