

**TIME CONFLICT OVERRIDE FORM**

**Submit the completed form to the Office of the Registrar, MS 2.02.24.**

Student Name: \_\_\_\_\_ myUTSA ID: \_\_\_\_\_

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

The student listed above has my permission to register for:

CRN	SUBJECT	COURSE	SECTION
_____	_____	_____	_____

**AND**

CRN	SUBJECT	COURSE	SECTION
_____	_____	_____	_____

Faculty signatures required for the classes where time will be missed.

Term: **Fall**  **Spring**  **Summer**

Instructor Approval: \_\_\_\_\_ / \_\_\_\_\_  
Instructor Name (print) Signature and Date

Instructor Approval: \_\_\_\_\_ / \_\_\_\_\_  
Instructor Name (print) Signature and Date