

# ENGINEERING COURSE CONFLICTS FORM

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ACADEMIC PLAN(eg. Civil Eng, Elec Eng, etc) \_\_\_\_\_ LEVEL \_\_\_\_\_

PLEASE CIRCLE THE APPLICABLE SESSION: **Fall(September)** **Winter(January)** **Spring/Summer**

## Course Conflict Waiver

Request to enrol in the following two courses that have timetable conflicts:

Course: \_\_\_\_\_ Lecture #(C01, C02, etc): \_\_\_\_\_ Lab# (L01, L02 etc): \_\_\_\_\_ Tutorial #(T01, T02, etc): \_\_\_\_\_

Course: \_\_\_\_\_ Lecture #(C01, C02, etc): \_\_\_\_\_ Lab# (L01, L02 etc): \_\_\_\_\_ Tutorial #(T01, T02, etc): \_\_\_\_\_

**Reason/explanation why you are requesting to register in two courses that have a timetable conflict:**

I accept responsibility for the academic risks involved in registering in two courses with conflicting components.

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

**THIS SECTION IS TO BE COMPLETED BY THE DEPARTMENT.**

**Instructor (Course 1):**

COMMENTS:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Instructor (Course 2):**

COMMENTS:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**DEPARTMENTAL AUTHORIZATION (Please Print NAME)**

**Name:** \_\_\_\_\_ **Dept. Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

*The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarship[s]; convocations; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University, 905-525-9140*