



UNIVERSITY AT ALBANY
State University of New York

Student's Name _____ **Student's ID# 00-** _____

Semester: Fall Spring Summer Winter **Year:** _____

Subject _____ **Catalog #** _____ **Class number** _____
(i.e., AMAT) (i.e., 108) (i.e., 4254)

Instructor's Name: _____
(Please print legibly)

Instructor's Signature: _____ **Date:** _____

I give the above- named student permission to register for my course listed above and acknowledge there is a time conflict with another course. Additionally, I give the Registrar's Office permission to override this conflict.

Instructor's UAlbany E-mail Address: _____
(Please print legibly)

Conflicts with:

Subject _____ **Catalog #** _____ **Class number** _____
(i.e., APSY) (i.e., 101) (i.e., 3250)

Instructor's Name: _____
(Please print legibly)

Instructor's Signature: _____ **Date:** _____

I give the above- named student permission to register for my course listed above and acknowledge there is a time conflict with another course. Additionally, I give the Registrar's Office permission to override this conflict.

Instructor's UAlbany E-mail Address: _____
(Please print legibly)

I acknowledge that there is a time conflict with the two courses listed above. I am requesting permission to be registered for these courses if permission is granted by each instructor. I understand that I am responsible for any work missed as a result of this conflict.

Student's Signature: _____ **Date:** _____