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Graduate Time Conflict Resolution Form

This form is for time conflict resolutions only. No other enrollment will be accepted on this form.

LAST NAME	STUDENT IDENTIFICATION NUMBER
FIRST NAME	MIDDLE NAME

STUDENT SIGNATURE _____

- The signature of the instructor and detailed conflict resolution is required for this override.
- The signature of the dean approving the override is required.

TERM: FALL WINTER SPRING SUMMER I SUMMER II YEAR TERM **YEAR:** 20 ____

ADD Courses With Time Conflicts

SUBJECT <small>(e.g. MA)</small>	NUMBER <small>(e.g., 123)</small>	SEC. <small>(e.g., A)</small>	CRED.

How Will Conflict be Resolved? (Detailed explanation to be filled out and signed by both instructors or dean):

INSTRUCTOR'S SIGNATURE	DATE
INSTRUCTOR'S SIGNATURE	DATE

APPROVAL SIGNATURES

OFFICE OF GRADUATE EDUCATION	DATE