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## 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		
MAILING ADDRESS OR SIT BOX	STREET				<input type="checkbox"/> UNDERGRADUATE CLASS OF 20 ____ <input type="checkbox"/> GRADUATE
CITY	STATE	ZIP CODE			
STUDENT SIGNATURE					DATE

- 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 (e.g. MA)	NUMBER (e.g., 123)	SEC. (e.g., A)	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 UNDERGRADUATE ACADEMICS/DEAN OF GRADUATE ACADEMICS	DATE
REGISTRAR	DATE