



South Dakota Mines Registrar's Office  
Course Time Conflict Form

**This form must be turned in to the Registrar's Office once completed in full. Please read all instructions thoroughly. All fields are required even where not indicated.**

**Identification of the student and the course student wishes to register,for:**

Student's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_

CRN or Section Num: \_\_\_\_\_ Course prefix: \_\_\_\_\_ Course number: \_\_\_\_\_ Credit hours: \_\_\_\_\_  
(Required)

Semester: \_\_\_\_\_ Name of Instructor, (printed): \_\_\_\_\_

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

**PLEASE NOTE:**

**The Registrar's Office will register you for the course(s) listed above. This form cannot be processed if it causes an overload, (over 18 credits for undergrad students). Please submit an additional form to request an overload if this is your plan. Please submit a separate Permission of Instructor form if there are other registration issues besides the time conflict, such as a pre- or co-requisite error, a class standing error, a waitlist error, among others.**

The student listed above has my permission to enroll in the stated course and arrangements have been made to compensate for the time conflict:

\_\_\_\_\_  
**Signature of Instructor of Course** **Date**

\_\_\_\_\_  
**Signature of Department Head/Chair of Course** **Date**

Conflicting course (course you are already registered for) prefix and number: \_\_\_\_\_

Signature of conflicting course instructor: \_\_\_\_\_

Signature of the conflicting course's instructor is required even if it will not affect their course instruction.