

# Time Override Request Form

Southern Connecticut State University Mathematics Department

Use this form when the system is not allowing for registration of a math course due to a time conflict. After completing student portion, please forward to instructor.

## To be completed by student

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student email: \_\_\_\_\_@southernct.edu

Course Desired: MAT\_\_\_\_\_

Semester Desired: Fall Winter Spring Spring Break Summer

Please provide details about the request including start and end times for the conflicting courses.

## To be completed by instructor

Conditions agreed to by instructor and student:

Override Granted: Yes No

If No, Reason:

Course Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Course instructor should forward this completed form to [math@southernct.edu](mailto:math@southernct.edu) and to the student.

If approved, student and instructor will receive email confirmation when the permission has been granted in the system.

If not approved, student will be notified of the reason.