Petition for Approval of Course Time Conflict

Student Name _____ Student ID _____

Semester/Year _____

I am requesting permission to be registered for the following courses that meet at the same time by _____ minutes per week:

Dept	*Course Number*	*Section*	*Meeting Days/Times*
_____	_____	_____	_____
_____	_____	_____	_____

Reason for request and explanation of how requirements of both courses will be fulfilled:

_____
_____
_____
_____
_____
_____
_____

Faculty Approval:

_____ _____
Course # *Instructor Signature*

_____ _____
Course # *Instructor Signature*

_____ _____
Associate Dean Signature *Date*

Return this completed to:
Office of Academic Services
Blair School of Music
Vanderbilt University
FAX (615) 343–0324