



TIME CONFLICT REQUEST

Student First Name	Last Name	Student ID #	Phone
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MyWNC will not allow a student to register for a class that has a time conflict with a class the student is enrolled in. This form is to request to be added into a class that has a time conflict with a registered class.

- Instructor and Academic Director signature or email approval (must be attached) required for both classes.
- If after the first week of the semester, form must be submitted within 5 working days of Instructor and Academic Director approval for full-term classes.
- Prior to enrollment in full-term classes after the second week of the semester, payment in full plus a \$25 late payment fee is required.
- Final deadline to submit this form

Current Class that conflicts with class request ed to add:

Course Registration Number (i.e. 32876) : _____ Prefix/Number (i.e. BUS 101) : _____ Credit Audit

Times/days class meets: _____

Instructor Name (print) _____ Instructor Signature: _____ or email attached

Academic Director