



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Time Conflict Approval

THE REGISTRAR'S OFFICE

FOR OFFICE USE ONLY
PLACE DATE STAMP HERE

TO BE COMPLETED BY STUDENT: (Please Print)

STUDENT ID: _____ LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ TERM: _____ DATE: _____

CRN	DEPT.	COURSE NUMBER	SECTION	DAYS	BEGIN TIME	END TIME	INSTRUCTOR SIGNATURE APPROVAL	DATE

I request approval to enroll in courses with a time conflict because:

INSTRUCTIONS FOR APPROVAL FOR TIME CONFLICT

- Obtain approval (signature) of instructor for **each** conflicting course for permission to enroll in courses with a time conflict.
- This form **MUST** be accompanied by a *CHANGE OF PROGRAM* form with Late Add Access Numbers.
- Email this completed form with the Late Add Access Number(s) affixed to a *CHANGE OF PROGRAM* form to registrar@csudh.edu, during late registration period *only*.