



# MADISON COLLEGE

## Time Conflict Registration Approval Form

**INSTRUCTIONS** - This form is to be submitted by the student to request permissions to register for classes which result in a time conflict. Permission must be obtained from the instructor of both classes prior to submission. Failure to submit this form within five days from instructor signature date nullifies this form.

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Student ID \_\_\_\_\_

### CLASS CONFLICT INFORMATION

Academic Year \_\_\_\_\_ Term  Fall  Spring/Interim  Summer

Class Number (5 digits)	Catalog Number (8 digits)	Class Title	Meeting Day/Time Conflict	Instructor Name
A.				
B.				

### STUDENT SIGNATURE & AGREEMENT

*By signing, I certify that all of the above information and statements are true to the best of my knowledge. I understand that: submission of this form will result in a time conflict on my schedule for the above two classes and that any late enrollment will impact any possible refund under the Wisconsin Technical College System refund policy; adding, dropping and/or swapping classes after the start of the term or and/or date of record may affect my financial aid and Pell Grant eligibility and may result in an outstanding balance owed; and enrollment restrictions may apply.*

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

### INSTRUCTOR SIGNATURE & AGREEMENT

Instructors of the classes with a time conflict must both sign and certify below to allow for the registration of the above student into each class listed.

#### Instructor of Class A:

Instructor Name \_\_\_\_\_ Class Number (5-digit) \_\_\_\_\_

I authorize the student above to enroll in this class, acknowledge that a time conflict exists with the other class and that it will not negatively impact the student.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Instructor of Class B:

Instructor Name \_\_\_\_\_ Class Number (5-digit) \_\_\_\_\_

I authorize the student above to enroll in this class, acknowledge that a time conflict exists with the other class and that it will not negatively impact the student.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUBMISSION INSTRUCTIONS

This form is not accepted by fax, mail or email. The student must submit this completed form **in-person** along with a photo ID to the:

Enrollment Center, Rm. A1000, 1701 Wright St. Madison, WI 53704 or any regional or metro campus

**Authorized requests will be processed and confirmed at the point-of-service.** Students should confirm enrollment by viewing his/her class schedule via the myMadisonCollege Student Center.

**Questions?** For further assistance visit the Enrollment Center or call (608) 246-6210.

*Regional & Metro Campus or Learner School Staff - scan and email to [intake@madisoncollege.edu](mailto:intake@madisoncollege.edu). For Administrative Use Only/Processed by:*

Staff Name \_\_\_\_\_ Staff Title \_\_\_\_\_ Date Processed \_\_\_\_\_ Confirmation # \_\_\_\_\_