

## Petition for Approval of Time Conflict Between Two Required Courses\*

**Instructions:**

- 1) Student completes Section I, then sends to the 1<sup>st</sup> course instructor.
- 2) 1<sup>st</sup> course instructor reviews and completes their part of Section II, then sends back to student.
- 3) Student sends form to the 2<sup>nd</sup> course instructor.
- 4) 2<sup>nd</sup> course instructor reviews and completes their part of Section II, then sends back to student.
- 5) Student reviews fully completed form and sends to [engineering-oas@vanderbilt.edu](mailto:engineering-oas@vanderbilt.edu).

*This form should be sent to [engineering-oas@vanderbilt.edu](mailto:engineering-oas@vanderbilt.edu) prior to registration and no later than the tenth day of classes (i.e., the end of the change-of-course period) of the semester in which the student wishes to take the course in question.*

**SECTION I:** To be completed by student

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Student ID (Found in YES):** 000 \_\_\_\_\_

**Major:** \_\_\_\_\_ **Term:**  Fall  Spring **Year:** 20 \_\_\_\_\_

	Subject Area	Course Number	YES Class Number	Meeting Days & Times	Meeting Location
1.					
2.					

**Please complete the below to determine the percentage of overlap that exists in your courses. Transit time MUST be included.**

**Note: any request that has an overlap of more than 10% for either course will require permission from the Senior Associate Dean.**

A	B	C	D	E
Course 1 total weekly minutes Note: most courses meet 150 minutes weekly	Course 2 total weekly minutes	Total weekly minutes courses and transit time overlap (daily overlap*number of weekly meetings)	% of overlap of Course 1 (Column C/Column A)	% of overlap of Course 2 (Column C/Column B)

**Curricular justification for overlap (why do you need both courses this term?):**

\_\_\_\_\_

**Plan for acquiring missed content (attach additional documentation if needed):**

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION II:** To be completed by course instructors

**1<sup>st</sup> Course Instructor**

I have reviewed the overlap and student's plan above and permit the student to enroll in my class despite the time conflict.

\_\_\_\_\_

Printed Name

Signature

Date

**2<sup>nd</sup> Course Instructor**

I have reviewed the overlap and student's plan above and permit the student to enroll in my class despite the time conflict.

\_\_\_\_\_

Printed Name

Signature

Date

\*No overlaps involving an elective course will be permitted. Permission for overlaps involving required courses for a second major or minor are at the discretion of the Senior Associate Dean for Undergraduate Education in the School of Engineering.