



**The University of Texas at San Antonio
College of Education and Human Development (COEHD)**

TIME CONFLICT OVERRIDE REQUEST FORM

Student Name: _____ ID # _____ Date: _____

The student listed above has permission to take:

Discipline, course, and Section Number: _____

Call Number: _____

Class Time: _____

Discipline, course and Section Number: _____

Call Number: _____

Semester and Year: _____

Class Time: _____

Please override the following:

_____ Time Conflict restriction Faculty signatures required for the classes where
time will be missed

Faculty Printed Name: _____

Faculty Signature: _____

Faculty Printed Name: _____

Faculty Signature: _____

Advisor Approval _____

Once all signatures are acquired, please take to MB 3.214 COEHD Advising Center.