



# Time Conflict Approval

Please Print Clearly

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## Protection of Privacy

The personal information collected through the Time Conflict form is for students to get approval to take a course that ends & begins at the same time. This collection is authorized by Section 4(c) of the Protection of Privacy Act. For questions about the collection of this personal information please contact Associate Registrar at [registration@mhc.ab.ca](mailto:registration@mhc.ab.ca), Medicine Hat College.

Year _____
<input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Winter (Jan-April) <input type="checkbox"/> Spring (May-June)

Campus
<input type="checkbox"/> Medicine Hat
<input type="checkbox"/> Brooks

MHC Student ID Number

## PERSONAL INFORMATION

Last Name	First Name	Middle Name
Previous Name	Phone Number	
Program of Study:		

In order for a student to register in any course that conflicts with another, whether lecture, lab, or tutorial the signature of **both** instructors are required. Any other authorizations that are required must be obtained separately (i.e prerequisite waiver)

Student would like to register in: <input type="checkbox"/> LEC <input type="checkbox"/> LAB <input type="checkbox"/> TUT <input type="checkbox"/> PRAC	
<p>Student has permission to LEAVE/ARRIVE (circle one) _____ minutes early/late (circle one) from:</p> <p><input type="checkbox"/> LEC <input type="checkbox"/> LAB <input type="checkbox"/> TUT <input type="checkbox"/> PRAC</p> <p>If other arrangements are made, please specify on back of form.</p>	<p><b>Signing Authority</b> Instructor or Department Designate (if instructor is unavailable)</p> <p>(Please Print)</p> <p>(Signature)</p> <p>(Date)</p>
The above course conflicts with: <input type="checkbox"/> LEC <input type="checkbox"/> LAB <input type="checkbox"/> TUT <input type="checkbox"/> PRAC	
<p>Student has permission to LEAVE/ARRIVE (circle one) _____ minutes early/late (circle one) from:</p> <p><input type="checkbox"/> LEC <input type="checkbox"/> LAB <input type="checkbox"/> TUT <input type="checkbox"/> PRAC</p> <p>If other arrangements are made, please specify on back of form.</p>	<p><b>Signing Authority</b> Instructor or Department Designate (if instructor is unavailable)</p> <p>(Please Print)</p> <p>(Signature)</p> <p>(Date)</p>

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

## OFFICE USE ONLY

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_