MEDICINE HAT COLLEGE

Time Conflict Approval

Please Print Clearly

☐ ☐ ☐

Year _____

☐ Fall (Sept-Dec) ☐ Winter (Jan-April) ☐ Spring (May-June)

Campus

☐ Medicine Hat

☐ 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: ☐ LEC ☐ LAB ☐ TUT ☐ PRAC

Student has permission to LEAVE/ARRIVE (circle one)
_____ minutes early/late (circle one) from:

☐ LEC
☐ LAB
☐ TUT
☐ PRAC

If other arrangements are made, please specify on back of form.

Signing Authority

Instructor or Department Designate (if instructor is unavailable)

(Please Print)

(Signature)

(Date)

The above course conflicts with: ☐ LEC ☐ LAB ☐ TUT ☐ PRAC

Student has permission to LEAVE/ARRIVE (circle one)
_____ minutes early/late (circle one) from:

☐ LEC
☐ LAB
☐ TUT
☐ PRAC

If other arrangements are made, please specify on back of form.

Signing Authority

Instructor or Department Designate (if instructor is unavailable)

(Please Print)

(Signature)

(Date)

Student Signature: _____   Date: _____

OFFICE USE ONLY   Entered by:_____   Date: _____