



# Time Conflict Approval

Please Print Clearly

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The personal information requested on this form is collected under the authority of the Post-Secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the information requested in this form should be directed to Registration at [registration@mhc.ab.ca](mailto:registration@mhc.ab.ca) or (403)504-3697. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A 3Y6, or 403-504-2286 or [foip@mhc.ab.ca](mailto:foip@mhc.ab.ca).

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)

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

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

<b>OFFICE USE ONLY</b> Entered by: _____   Date: _____
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