



## OFFICE OF THE REGISTRAR

324 Student Union  
Stillwater, Oklahoma 74078-1013  
405-744-6876 | **Office**  
**registrar@okstate.edu**

### TIME CONFLICT EXCEPTION REQUEST

Complete this form to request an exception for two courses in time conflict. Space must be available in the course and you must meet course requirements/prerequisites. Course time conflict requests require permission from **instructors of both courses** involved in the time conflict. Instructor signature indicates the student and instructor have made appropriate accommodation arrangements.

Student Name (Last, First, Middle): \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

Semester ☐ Spring ☐ Summer ☐ Fall YEAR: 20 \_\_\_\_\_

Provide the following information about the courses in conflict:

CRN Number (5 digits)	Course Subject (2-4 letters)	Course Number (4 digits)	Credit Hours	Instructor Signature	Date
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CRN Number (5 digits)	Course Subject (2-4 letters)	Course Number (4 digits)	Credit Hours	Instructor Signature	Date
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NUMBER OF CREDIT HOURS **AFTER** THIS CHANGE IS MADE: \_\_\_\_\_

COMMENTS:

**REQUIRED APPROVALS** - It is the responsibility of the student to obtain the approvals of **both instructors and/or advisor**. The request cannot be processed without all required approvals. The form will expire five business days after the date of the oldest **instructor** signature.

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

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Only required during restrictive enrollment period)

#### Registrar's Use Only

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

12/8/2025