



MADISON COLLEGE

Time Conflict Registration Approval Form

INSTRUCTIONS - This form is to be submitted by the student to request permissions to register for classes which result in a time conflict. Permission must be obtained from the instructor of both classes prior to submission. Failure to submit this form within five days from instructor signature date nullifies this form.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Student ID _____

CLASS CONFLICT INFORMATION

Academic Year _____ Term Fall Spring/Interim Summer

Class Number (5 digits)	Catalog Number (8 digits)	Class Title	Meeting Day/Time Conflict	Instructor Name
A.				
B.				

STUDENT SIGNATURE & AGREEMENT

By signing, I certify that all of the above information and statements are true to the best of my knowledge. I understand that: submission of this form will result in a time conflict on my schedule for the above two classes and that any late enrollment will impact any possible refund under the Wisconsin Technical College System refund policy; adding, dropping and/or swapping classes after the start of the term or and/or date of record may affect my financial aid and Pell Grant eligibility and may result in an outstanding balance owed; and enrollment restrictions may apply.

Student Signature _____ Date _____

INSTRUCTOR SIGNATURE & AGREEMENT

Instructors of the classes with a time conflict must both sign and certify below to allow for the registration of the above student into each class listed.

Instructor of Class A:

Instructor Name _____ Class Number (5-digit) _____

I authorize the student above to enroll in this class, acknowledge that a time conflict exists with the other class and that it will not negatively impact the student.

Instructor Signature _____ Date _____

Instructor of Class B:

Instructor Name _____ Class Number (5-digit) _____

I authorize the student above to enroll in this class, acknowledge that a time conflict exists with the other class and that it will not negatively impact the student.

Instructor Signature _____ Date _____

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in one of the following ways:

In-person (preferred): Enrollment Services - Truax Campus, Rm. A1000 or any regional or metro campus

Fax: 608.243.4353

Email: EnrollmentServices@madisoncollege.edu (must send from Madison College student email)

Questions? For further assistance visit Enrollment Services or call (608) 246-6210.

<i>Regional & Metro Campus or Learner School Staff - scan and email to intake@madisoncollege.edu. For Administrative Use Only/Processed by:</i>			
Staff Name _____	Staff Title _____	Date Processed _____	Confirmation # _____