UNIVERSITY OF CALGARY

Time Conflict Request Form

Enrolment Services
MB 117, 2500 University Drive NW
Calgary, Alberta Canada T2N 1N4
Phone: 403.210.7625
Toll Free (Canada and US):
1.855.246.7625
Fax: 403.289.1253
ucalgary.ca/registrar

Time Conflict requests may only be requested to support degree completion. Students in first year, on probation, or registered in the Open Studies category are not eligible to request time conflicts. Ease of scheduling will not be considered a valid rationale for time conflict request approvals. Requests submitted that will exceed the room limit or conflict with an entire course component will not be approved.

INSTRUCTIONS TO COMPLETE FORM (STUDENTS)

1. Contact home faculty advisor to review rationale and determine the necessity of student request
2. Complete section one
3. Review request with Program Advisor in faculty advising office (Section 2)
4. Obtain instructor permissions (section 3)
5. Submit completed request to home faculty advisor for final approval
6. Faculty advisor will scan and submit the request to Enrolment Services
7. Successfully processed time conflict approvals will be reflected in the Student Centre approximately five business days after submission.

INSTRUCTIONS TO COMPLETE FORM (ADVISING STAFF)

1. Review student request to determine necessity based on rationale submission (impact to progression)
2. Approve or deny request and post comment in Peoplesoft noting the rationale and decision
3. Request student to obtain instructor approvals and return completed form to home faculty advisor
4. Review completed request with student
5. Advisor to submit this completed form to esdocs@ucalgary.ca

SECTION 1: To be completed by student

STUDENT INFORMATION

NAME	**EMAIL** **@ucalgary.ca**
UCID #	**PHONE #**
HOME FACULTY	Signature _____
PROGRAM	Date _____

COURSE CURRENTLY REGISTERED IN

Term	Course Name	Course Number	Lec #	Lab #	Tut #

Course component affected by time conflict:

☐ Lecture ☐ Lab ☐ Tutorial

Student will be **arriving** _____ minutes late

OR

Student will be **leaving** _____ minutes early

COURSE REQUEST CREATING TIME CONFLICT

Term	Course Name	Course Number	Lec #	Lab #	Tut #

Course component affected by time conflict:

☐ Lecture ☐ Lab ☐ Tutorial

Student will be **arriving** _____ minutes late

OR

Student will be **leaving** _____ minutes early

PLEASE INDICATE RATIONALE FOR TIME CONFLICT REQUEST

SECTION 2: To be completed by home faculty advising office

HOME FACULTY ADVISOR APPROVAL

FULL NAME	**EMAIL** **@ucalgary.ca**

HOME FACULTY ADVISOR RATIONALE FOR TIME CONFLICT

SECTION 3: To be completed by course instructors

CURRENT COURSE INSTRUCTOR APPROVING TIME CONFLICT

FULL NAME	Signature _____
EMAIL **@ucalgary.ca**	Date _____

RATIONALE

ADDITIONAL APPROVAL (if required) Full Name Signature Date

☐ Faculty/Instructor agrees to support the student by allowing student to defer any final examinations related to the above Time Conflict in the event that the student requests it.

REQUESTED COURSE INSTRUCTOR APPROVING TIME CONFLICT

FULL NAME	Signature _____
EMAIL **@ucalgary.ca**	Date _____

RATIONALE

ADDITIONAL APPROVAL (if required) Full Name Signature Date

☐ Faculty/Instructor agrees to support the student by allowing student to defer any final examinations related to the above Time Conflict in the event that the student requests it.

SECTION 4: To be completed by home faculty advising office for final signature *and submission (after course instructor approvals)*

HOME FACULTY ADVISING OFFICE FINAL APPROVAL

FULL NAME	Signature _____
EMAIL **@ucalgary.ca**	Date _____

This information is collected under the authority of the Post Secondary Learning Act. It is required to document approval of change of registration. If you have any questions about the collection or use of this information, please contact Enrolment Services at 403.210.7625.