DELAWARE VALLEY UNIVERSITY
1896

Request to Take Courses in Conflict

DATE: _____

STUDENT ID: _____   DATE OF BIRTH: _____

STUDENT NAME: _____

STUDENT PHONE NUMBER: (_____) _____ - _____

MAJOR: _____ CLASS LEVEL: _____ GPA: _____

	COURSE NO.	**COURSE NAME**

1. _____ / _____   _____

_____/_____   _____
INSTRUCTOR'S NAME/SIGNATURE   DATE

2. _____ / _____   _____

_____/_____   _____
INSTRUCTOR'S NAME/SIGNATURE   DATE

3. _____ / _____   _____

_____/_____   _____
INSTRUCTOR'S NAME/SIGNATURE   DATE

I HAVE DISCUSSED THIS MATTER WITH THE INSTRUCTORS TEACHING THE COURSES AND WITH MY DEPARTMENT CHAIR / ADVISOR

I RECOGNIZE THAT THIS ACTION ON MY PART MAY JEOPARDIZE MY PERFORMANCE AND/OR GRADE IN THESE COURSES

_____   _____
STUDENT'S SIGNATURE   DATE

_____/_____   _____
DEPARTMENT CHAIR NAME/SIGNATURE   DATE

Office of the Registrar
Updated: 4/15/15