

TIME CONFLICT

CONTACT:

registration@morgan.edu

PURPOSE:

This form is used to request permission to register for a course that the scheduled time conflicts with another course the student is already registered for.

PROCESSING TIME:

1-3 Business days

REQUIREMENTS:

- Valid government-issued photo ID or MSU Bear card
- MSU email account
- Signature from Instructors
- Signature from Chairpersons

ADVISEMENT:

Due to MHEC regulations, we are unable to accept any time conflict form that exceeds a 15-minute conflict. If you are a graduating senior or have extenuating circumstances, please see the department chair of the conflicting course before completing this form.

STEPS

1) From the webpage, click the name of the form to begin. A window will open.

1A. Enter your name & MSU email.

1B. Enter the name and email of the instructor for the course you **want** to register for.

1C. Enter the name and email of the instructor for the course you **are** registered for. Click Begin Signing.

2) Enter the required information.

2A. Enter your student ID & today's date.

2B. Attach your MSU Bearcard or government-issued photo ID.

2C. Select your student status, semester and year, and sign.

2D. Enter course information. This information can be found in Websis.

2E. Choose the name of the chairperson for the REGISTERED course and for the REQUESTED course.

A list of all chairpersons can be found on pages 2-3. (TIP: Subject should match chairperson. I.E. SPAN = Foreign Language; THEA = Theater Arts, etc.)

2F. Select "Finish". The window will automatically close if all information has been entered correctly.

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document. Please enter your name and email to begin the signing process.

Student

Your Name: * **1A**
Full Name

Your Email: *
Email Address

Instructor of Requested Course

Name: * **1B**
Full Name

Email: *
Email Address

Instructor for Registered Course

Name: * **1C**
Full Name

Email: *
Email Address

TIME CON

2A

STUDENT ID

DATE

Major:

Classification:

Are you on Academic Probation:

Semester and Year:

Student Signature: **2C** Sign

2B 

ST	CRN	SUBJECT	COURSE NUMBER	CREDITS	DAYS	START TIME	END TIME
Registered Course:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text"/>
Requested Course:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text"/>

REGISTERED COURSE 1		REQUESTED COURSE 2	
Instructor Approval:	<input type="text"/>	Instructor Approval:	<input type="text"/>
Chairperson Approval:	<input type="text" value="-- select --"/>	Chairperson Approval:	<input type="text" value="-- select --"/>

2E

3) The form will automatically route to all parties to review and approve. The Office of the Registrar is the last approver and typically processes within 1-3 business days. You will receive an email once the form has been completed and the requested course has been added to your schedule.