

95

UO ID

Term/Year

TIME CONFLICT REGISTRATION
 Office of the Registrar – University of Oregon
 Completed forms should be submitted:
 Email: registrar@uoregon.edu

UO Office of the Registrar
 OFFICE USE ONLY

Initial

Date

Last Name

First Name

Instructor Signature AND Department Stamp Required - TIME CONFLICT - Requires BOTH Instructors' signatures.

Sub. Ex. WR	Course # and CRN Ex. 121 11041	Course Title	Graded or P/NP	Credits		Dept. Stamp
					Instructor's Name (print)	
					Signature and Date*	
					Instructor's Name (print)	
					Signature and Date*	

Process course Withdrawals online in your DuckWeb.

***Form must be submitted to the Office of the Registrar within 2 business days. Late submissions will not be processed.**

Plan for attendance:

Instructor signatures above indicates approval of the student's plan for attendance and that the plan meets the instructor and departmental criteria for successful completion of the course.

Student Signature: _____

Date: _____