

Please complete the form with the required signature. Upon completion please send electronically to records@unb.ca or in person to the Registrar's Office, Sir Howard Douglas Hall Old Arts Building, Room 201.

Undergraduate Course Conflict Form

First Name:	Last Name:		
Student #:			
Faculty/Degree:			
SEMESTER: FALL	WINTER _	SUMMER	
ourse you wish to register in	but can not:		
Course Number	Section	on	Professor
ourse that restricts you from Course Number	registering in the Sectio		Professor
ofessor approval pertainir	g to course confli	ct(s) indicated above:	
Course Number			Professor Signature
LARATION:			
ng the, lectures, labs and/o	do ack or tutorials of quirements of thes	enowledge that register and that this i e lectures, labs and/or	ing inmeans I v s being done at my request. tutorials and the information
minated in these lectures, nds that I was unable to att			