



Timetable Clash Approval Form

Student ID : Courses Passed : Units of Credit (UOC)
Family Name : First Name(s) :
Phone : Email :
Program Code : Program Title :

Please obtain approvals from Course Coordinators for both the courses

COURSE 1: Course that you are already enrolled in. Write all relevant class codes.

Table with 5 columns: Course Code, Course Name, Class Code (LEC, LAB, TUT), Day, Time

Course Coordinator Permission for clash with Course 2 (please circle): Yes No
Please comment if approval is subject to full (100%) or partial attendance (50%) for clashing classes.

Comments :
Name : Phone :
Signature : Date :

COURSE 2: Course with enrolment pending status. Write all relevant class codes.

Table with 5 columns: Course Code, Course Name, Class Code (LEC, LAB, TUT), Day, Time

Course Coordinator Permission for clash with Course 1 (please circle): Yes No
Please comment if approval is subject to full (100%) or partial attendance (50%) for clashing classes.

Comments :
Name : Phone :
Signature : Date :

Please bring the form to School of Optometry and Vision Science, Level 3, Room 3.003, Rupert Myers Building North Wing for enrolment in Course 2.

Student Enrolled in Course 2 : Yes / No Staff Name :