

Timetable Clash Form

School of Electrical Engineering and Telecommunications

Student Number: _____ Program Code: _____

Family Name: _____ Given Names: _____

** Please note that students cannot have more than one hour clash per week.*

The course you wish to attend in full:

Course Code	Course Name	Prefer tutorial class number	Prefer lab class number

Have you attempted this course before? Yes/No If Yes, what was your result:

The course you will be unable to attend in full:

Course Code	Course Name	Prefer tutorial class number	Prefer lab class number

Have you attempted this course before? Yes/No If Yes, what was your result:

Please tick the 1 hour timetable clash component / day / time:

Lecture
 Laboratory
 Tutorial
 Day: _____ Time: _____

Student's note:

Student's signature: _____ **Date:** _____

Permission from Lecturer to miss one hour (the course that you cannot attend in full) : Yes No

Comments: _____

Lecturer's Signature: _____ **Lecturer's Name:** _____ **Date:** _____

For office use only

Approval by Director of Academic Studies: Yes No

Comments: _____

Signature of Director of Academic Studies: _____ **Date:** _____

Student enrolled: Yes / No Student notified by e-mail: Yes / No

Name of School Office staff: _____ staff's signature: _____ Date: _____