## 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:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Prefer tutorial class number</th>
<th>Prefer lab class number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

### The course you will be unable to attend in full:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Prefer tutorial class number</th>
<th>Prefer lab class number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- [X] 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:** ____________________________

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### For office use only

**Approval by Director of Academic Studies:**

- [ ] Yes
- [ ] No

**Comments:** ________________________________________________________________

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

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

**Name of School Office staff:** ____________________________  **staff’s signature:** ____________________________  **Date:** ____________________________