

Petition to Enroll with Time Conflict

Student Name			Student ID	
			Semester/Year	
	ting permission to be registe minutes per week:	ered for the fo	llowing courses that meet at the sam	
Dept/Suject	t Course Number	Section	Meeting Days/Times	
Reason for I	request and explanation of h	now requireme	ents of both courses will be fulfilled:	
Faculty App	roval:			
Course #	Instructor Signature		Department Chair Signature	
Course #	Instructor Signature		Department Chair Signature	
Blair Associate Dean Signature			 Date	

Return this completed to: Blair School of Music Vanderbilt University Office of Academic Services PO Box 6320 Station B FAX (615) 343-0324