

Petition to Enroll in Overlapping Classes

Approval WILL NOT be granted to register in two classes with significantly overlapping LECTURE sessions.

Indicate Term and Year: Summer Fall Spring Year: _____

Notice to Student and Instructor: As a general rule, enrollment will NOT be allowed for a student's attendance in two or more courses which meet at the same or overlapping time. However, an overlapping schedule may be permitted if:

a.) rational justification (scheduling convenience is not one) on a student-by-student basis can be established and can be documented. **AND**

b.) the college maintains documentation that each student made up the hours of overlap in the course partially or wholly not attended as scheduled at some other time during the same week under appropriate supervision.¹

Each time a conflict occurs it must be approved by the instructors (SECTION I and SECTION II), the Division Dean (SECTION III), and the Associate Vice President. Time conflicts will be reviewed to determine if the make-up time is reasonable and justifiable.

The completed form must be submitted to the **Office of Admissions and Records L113** and upon approval of petition, the student will be notified of the outcome by email.

SECTION I: STUDENT INFORMATION

Name:	Student ID:
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Last

First

MI

Address:			
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Street

City

State

Zip

Phone:	Email:
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CLASS No. 1 (currently enrolled)

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Department & Course #
(ie. ACCT 1A)

Section #

Meeting Days and Times

Instructor

CLASS No. 2 (requesting to ADD with modified schedule)

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Department & Course #
(ie. ACCT 1A)

Section #

Meeting Days and Times

Instructor

<i>Student's justification for request (cannot be based on scheduling convenience):</i>

I agree to make up all time missed as indicated by the instructor of Class No. 2 (see next page).

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Student Signature

Date

¹The California Community College Student Attendance Accounting Manual (3.3)

NOTE: It is the student's responsibility to make sure that page 2 is completed by the instructor of Class 2.

TO BE COMPLETED BY INSTRUCTOR OF CLASS 2

SECTION II: INSTRUCTIONAL PLAN AND APPROVAL

Faculty proposal of weekly schedule for making up overlapping hours of Class 2. Please include date, times and place you intend to meet with the student enabling him//her to gain the instruction missed. The time spent must equate to the same number of instructional hours missed each class meeting per week in order to enable the student to gain the instructional time/content missed.

Classroom time lost to time conflict will be made up as follows:

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Start/End Dates Days Times Location

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Start/End Dates Days Times Location

Content to be covered as follows:

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The student will make up the time conflict as indicated above and will be under my direct supervision. I understand that, for audit purposes, I must maintain a written record of the make up time completed by the student in this class.

Instructor's approval of Class No. 2

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Instructor's Printed Name

Instructor's Signature

Date

TO BE COMPLETED BY DIVISION DEAN

SECTION III: DIVISION APPROVAL

Division Dean Signature: _____ **Approved** **Denied** **Date:** _____

Comments:

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FOR OFFICE USE ONLY

Associate Vice President: _____ **Approved** **Denied** **Date:** _____

Comments:

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