



OFFICE OF ADMISSIONS AND RECORDS

PETITION TO REGISTER IN CLASSES WITH OVERLAPPING TIMES

STUDENT'S NAME _____ (PRINT ONLY)

SOC. SEC. # _____ / _____ / _____

ADDRESS _____ (STREET)

TEL. No. (_____) _____

(CITY) (STATE) (ZIP)

NOTICE: Students may not register in two classes which meet at the same time or whose schedule meeting times overlap. In certain cases, when students might otherwise be denied the opportunity to complete their studies in a reasonable period of time, exceptions may be approved by completing this form with the Admissions Office before the end of the third class meeting. Approval of a petition will require: (1) A rational justification(not scheduling convenience), (2) A written plan by the faculty member assigned to the second class indicating the manner by which the student will be required to make up the time of overlap. Approval will not be granted to register in two classes with overlapping lecture sessions, and (3) Overlap of more than 10 minutes requires signature of Division Dean and VP. of Academic Affairs.

Semester _____ Year _____ Date _____

List the class to be attended as scheduled as class 1. Class 2. in class to be attended with a modified schedule.

Class No 1. _____ Meeting times: _____
Sect.# Course name & #

Class No 2. _____ Meeting times: _____
Sect.# Course name & #

Attach on separate sheet the faculty's proposal of weekly schedule for making up overlapping hours for class No 2:

Attach on separate sheet the petitioner's statement of justification:

Students Signature: _____

Approval signature of instructor for Class No 1: _____

Approval signature of instructor for Class No 2: _____

Approval signature lines for Division Dean, VP. Of Academic Affairs, and Registrar, Admissions & Records, each with 'Approved' and 'Denied' checkboxes and a date field.