



**OFFICE OF ADMISSIONS AND RECORDS**

**PETITION TO REGISTER IN CLASSES WITH OVERLAPPING TIMES**

STUDENT'S NAME \_\_\_\_\_ Student ID# \_\_\_\_\_  
 (PRINT ONLY)

ADDRESS \_\_\_\_\_ TEL. No. \_\_\_\_\_  
 (STREET)

\_\_\_\_\_ Email: \_\_\_\_\_  
 (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 10 minutes or more 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: \_\_\_\_\_

_____ Approved _____ Denied	_____ / _____ Division Dean Date
_____ Approved _____ Denied	_____ / _____ VP. Of Academic Affairs Date
_____ Approved _____ Denied	_____ / _____ Registrar, Admissions & Records Date