

Petition to Enroll in Overlapping Classes

Indicate Term and Year: Summer Fall Spring Year:

- 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

The completed form must be submitted to the Office of Admissions and Records and upon approval of petition, the student will be registered in the class.

Name: _____ Student ID (G#): _____

Last First M.I.

Address *Street* *City* *State* *Zip* Phone #: *Day* *Evening*

CLASS No. 1 (*Currently enrolled*):

<i>CRN #</i>	<i>Dept./Course #/Section</i>	<i>Days/Times</i>	<i>Dates</i>	<i>Instructor</i>
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Days/Times *Dates*

CLASS No. 2 (*Requesting to ADD with modified schedule*):

<i>CRN #</i>	<i>Dept./Course #/Section</i>	<i>Days/Times</i>	<i>Dates</i>	<i>Instructor</i>
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Days/Times *Dates*

Student's justification for request:

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

Student's Signature: _____ **Date:** _____

¹ *The California Community Colleges Student Attendance Accounting Manual*

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
(Please PRINT Clearly)

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:

<i>Start/End Dates</i>	<i>Days</i>	<i>Times</i>	<i>Location</i>
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<i>Start/End Dates</i>	<i>Days</i>	<i>Times</i>	<i>Location</i>
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Content to be covered as follows:

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

<i>Instructor's Printed Name</i>	<i>Signature</i>	<i>Date</i>
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FOR OFFICE USE ONLY

III. APPROVAL *(VPI or Designee) Signature Required)*

Division Dean Signature:	Approved	Denied	Date:
Comments:			

VPI or Designee Signature:	Approved	Denied	Date:
Comments:			