

PETITION FOR APPROVAL TO REGISTER IN CLASSES WITH OVERLAPPING TIMES

Student's Name _____ Student ID # _____
(Print only)

Address _____ Telephone No. _____
(Street) (Day)

(City) (State) (Zip) (Eve.)

Notice: Students may not register in two classes which meet at the same time or in which scheduled 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 to this may be approved by completing and filing this petition form with the Office of Admissions and Records before the end of the third class meeting. Approval of this petition will require: (1) Rational justification (not scheduling convenience), and (2) A document plan by the faculty member assigned to the second class requiring the student to make up the time of overlap in the class which the student does not attend as scheduled by meeting with the instructor of the second class. The missed time must be made up during the same week at some other established time with the instructor. Approval will not be granted to register in two classes with overlapping lecture sessions.

Semester _____ Year _____ Date _____

Petitioner's statement of justification: _____

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

Class No. 1: _____ Meeting Times: _____
CRN# Dept. No.

Class No. 2: _____ Meeting Times: _____
CRN# Dept. No.

Faculty proposal of weekly schedule for making up overlapping hours of Class 2. Please include date, time and place you intend to meet with the student enabling him/her to gain the instruction missed. Time spent must equal the amount of overlap time or time missed.

Student's Signature: _____

Approval signature of Instructor of Class No. 1 _____

Approval signature of Instructor of Class No. 2 _____

Approved Denied

School's Official

Date