OFFICE OF INSTRUCTION
3000 Mission College Blvd
Santa Clara, CA 95054

PETITION TO REGISTER IN CLASSES WITH OVERLAPPING TIMES

Student Information					
	Last Name	**First Name**	**Middle**	**Student ID #**	**e-mail**

Per Board Policy 4226 and Administrative Procedure 4226, students may not enroll in two or more classes where the meeting times overlap, unless: The student provides a valid justification, ***other than scheduling convenience***, of the need for an overlapping schedule that does not exceed 10% of class meeting time. The student makes up the overlapping hours at some other time during the same week under the supervision of the instructor of the course. The Chief Instructional Officer or designee approves and ensures the make-up is arranged.

Approval of this petition will require: (1) a rational justification (not scheduling convenience), and (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. The missed time must be made up during the same week at some other established time under appropriate supervision.

Indicate Year & Semester: **Year _____** ☐ **Winter** ☐ **Spring** ☐ **Summer** ☐ **Fall**

Overlapping courses (original schedules):

Course #1					
	Course Name	**5-Digit CRN**	**Meeting Day/s**	**Meeting Time/s**	**Instructor**

Course #2					
	Course Name	**5-Digit CRN**	**Meeting Day/s**	**Meeting Time/s**	**Instructor**

TOTAL WEEKLY OVERLAP MINUTES (Overlap time between two classes listed above) = _____

Student's justification for request to register in classes with overlapping times:

Modified weekly schedule for overlapping minutes arranged by the instructor (cannot be during a different instructional assignment – office hours may be used for this). Modified meeting time must be equal to overlapping times listed above. Note: Instructor must keep records to document these weekly meetings and submit this documentation to the Instruction Office when grades are turned in.

Modified Course	***Day***	***Start Time***	***End Time***	***Location***	***Instructor Signature agreeing to the modified scheduled***
	Modified Weekly Schedule				

Student Signature:	*I agree to make up time and follow my modified schedule with the instructor of my overlap course.*

INSTRUCTION-OFFICE USE ONLY ☐ **APPROVED** ☐ ***DENIED***

_____ _____ _____
Dean or VPI Signature Printed Name Date

STUDENT ENROLLMENT SERVICES-OFFICE USE ONLY (if request approved)

Processed by: _____ Date: _____