



PETITION TO REGISTER IN CLASSES WITH OVERLAPPING TIMES

STUDENT'S NAME _____ (Print Only)

SOC. SEC. # _____ / _____ / _____

ADDRESS _____ (Street)

TEL. NO. (Day) () _____ / _____

(City) (State) (Zip)

(Eve) () _____ / _____

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 filing this completed form with the Admissions Office before the end of the third class meeting. 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. Approval will not be granted to register in two classes with overlapping lecture sessions.

Semester _____ Year _____ Date _____

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: _____
Sect. # Course name & No.

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

Faculty proposal of weekly schedule for making up overlapping hours for Class No. 2:

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 _____ / _____
Registrar, Admissions and Records Date

White copy: For Admissions; Yellow copies: Instructors; Pink copy: Student