



### Course Overlap Petition

Name \_\_\_\_\_ CIN \_\_\_\_\_

Email \_\_\_\_\_ Program \_\_\_\_\_

Term/Year \_\_\_\_\_

I am requesting permission to register for the following two courses that overlap:

	<b>Course 1</b>	<b>Course 2</b>
Course Subject/#		
Day/Time		
Instructor's Signature		
Division Chair's Signature		

**Justification and explanation of how student will make up time and coursework:**

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Advisor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean's Approval \_\_\_\_\_ Date \_\_\_\_\_