



COURSE OVERLAP PETITION

Date

Name

E-mail

CIN#

Students are unable to register for classes that result in a scheduling conflict. However, if two required classes conflict and BOTH must be taken this semester, you may petition for overlap approval.

COURSE INFORMATION

Course 1

Course 2

Course No. and Section (example: COMM 1100, Sec. 3)

Course No. and Section (example: ENGL 1010, Sec. 3)

Day and Time

Day and Time

Instructor Name (Please Print)

Instructor Name (Please Print)

*Instructor Signature

*Instructor Signature

TOTAL Overlap Time: MINUTES

*It is not recommended to exceed 15 mins

*Note to Instructors: By signing this form, instructors indicate that they are aware of the overlap and that the student has presented a reasonable strategy for managing it. Please provide a brief statement explaining how the student will make up missed class time and/or classwork.

Course Instructor 1:

Course Instructor 2:

Department Chair (course #1)

Date

Approve

Deny

Department Chair (course #2)

Date

Approve

Deny