



DEPARTMENT OF CIVIL ENGINEERING

Course Overlap Petition

First Name

Last Name

Email

CIN

Term/Year

Program

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

| | Course 1 | Course 2 |
|----------------------|-----------------|-----------------|
| Course Catalog # | | |
| Day /Time | | |
| Instructor Signature | | |

Justification and explanation of how student will make up time and coursework as agreed upon by both instructors.

Advisor's Approval

Date

Department Chair's Approval

Date

Associate Dean's Approval

Date

Submit completed form to Records, Administration Building 409