



CLASS OVERLAP APPROVAL FORM

Students are only permitted to enroll in classes that overlap when extenuating circumstances exist. This form may only be used when the **time overlap between classes is 15 minutes or less**. Any classes that overlap more than 15 minutes will require an Alternate Instruction Contract. You must bring this form to the **instructor of the class that you will miss time for**. If the instructor approves for you to enroll in the class, makes arrangements with you to make up the missing time, and signs off on this form, the instructor must then bring this form to their Division Dean for final approval. Upon approval, the Dean must then forward this form to the Admissions & Records Office. **This form will only be accepted if the form is complete, accurate, and approved**. You will receive notification to your college Zonemail account when this form is processed.

STUDENT INFORMATION

W

Last Name, First Name, Middle Initial

Student ID #

OVERLAPPING CLASSES

In the spaces below, list the two classes that overlap for 15 minutes or less. **If the overlap exceeds 15 minutes, your request will be denied**. All fields must be complete and accurate. You must indicate below the class that you are currently enrolled in and the class that you will miss time for. You may indicate both for a single class, or one option each for both classes.

TERM: SUMMER | FALL | SPRING YEAR: 20_____

CRN (32427)	SUBJECT (AJ)	NUM. (50)	SEC. (093)	STATUS	MEETING DAYS (W)	MEETING TIMES (5p – 7:50p)
				<input type="checkbox"/> Currently Enrolled AND/OR <input type="checkbox"/> Will miss class time	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <hr/> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/> am - <input type="checkbox"/> am <input type="checkbox"/> pm - <input type="checkbox"/> pm <input type="checkbox"/> am - <input type="checkbox"/> am <input type="checkbox"/> pm - <input type="checkbox"/> pm
				<input type="checkbox"/> Currently Enrolled AND/OR <input type="checkbox"/> Will miss class time	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <hr/> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/> am - <input type="checkbox"/> am <input type="checkbox"/> pm - <input type="checkbox"/> pm <input type="checkbox"/> am - <input type="checkbox"/> am <input type="checkbox"/> pm - <input type="checkbox"/> pm

REQUEST FOR ENROLLMENT

Indicate the overlapping class that you wish to enroll into. Enrollment is conditional. This form does not guarantee enrollment into the class. It is the responsibility of the student to ensure that all prerequisites, corequisites, holds, and all other conditions of enrollment are met prior to submitting this form. If enrollment conditions are not met, you will receive an email notification to your college Zonemail account and your request will not be fulfilled until it is resolved. You must contact the Admissions & Records Office upon satisfaction of enrollment conditions. If enrolled, any applicable fees will be charged to your account and must be paid.

➤ Please enroll me into the following class: CRN: _____ Subject: _____ Number: _____ Section: _____

By signing below, I certify that:

- ◆ I have read and understand all terms, procedures, and information presented on this form
- ◆ I am responsible for all academic, financial, and registration obligations as outlined in the current College Catalog
- ◆ I understand that I am solely responsible for dropping or withdrawing from the course if I choose to discontinue my enrollment

Student Signature: _____ Date: _____

DIVISION APPROVAL

Indicate time arrangement made with student: M | T | W | Th | F | Sa | Su am - am
 pm - pm

By signing below, I certify that:

- ◆ I am the instructor of the course that the student will miss class time for
- ◆ I have made arrangements with the above-named student to allow the student to make up the overlapping time
- ◆ I authorize the student to enroll into my course

Instructor Name: _____ Instructor Signature: _____ Date: _____

By signing below, I certify that:

- ◆ I am the Division Dean for the course that the above-named student will miss time for
- ◆ I am in agreement with the arrangements made for the student to make up the missing time
- ◆ I approve this request and allow the student to enroll in the course indicated in the Request for Enrollment section

Dean Name: _____ Dean Signature: _____ Date: _____

OFFICE USE ONLY

Received by:	Processed by:	Notes:
Staff: _____ Date: _____	Staff: _____ Date: _____	Staff: _____