



COURSE OVERLAP PETITION

Admissions Center ~ 900 Otay Lakes Road ~ Chula Vista, CA 91910 ~ (619) 421-6700 ext. 5215 or 5216

Name	Semester/Session & Year
SWC ID#	Your Telephone # ()
Email Address	<i>Copy of approved petition will be emailed to student</i>

Course overlay may only be allowed when a student enrolls in two courses which slightly overlaps by no more than 15 minutes per day, and no more than 30 minutes per week. The student must have made arrangements with one of the instructors to make up the overlapping class time at an alternate time.

INSTRUCTIONS:

1. Prior to enrollment, student must obtain instructor's consent.
2. Attach a justification of the need for an overlapping schedule.
3. Submit overlap petition to the Admissions Office to register for class with the required signatures.
4. Registration for overlap classes can only be completed manually in Admissions.

LIST OVERLAPPING COURSES		
Course Title & Section Number	Scheduled Meeting Day & Time	Meeting Dates

LIST COURSE TIME CONFLICT			
FROM	TO	Days of the Week	Total Time Conflict Per Week (in minutes approx.)
			<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30

By signing below, I acknowledge that I have made every effort possible to avoid enrolling in courses that overlap. I have made arrangements with my instructor to make up the overlapping time.

Student Signature: _____ Date: _____

INSTRUCTOR USE ONLY

By signing below, I acknowledge that I have made previous arrangement with my student to make up the overlapping time during the scheduled time listed below and I have the authorization from my Dean to make this exception for my student.

Instructor's Signature: _____ Date: _____

MAKE UP TIME				
Course Title & Section Number	FROM	TO	Days	Total Time

ADMISSIONS USE ONLY

APPROVED: NO YES ADDED TO CLASS: Comments: _____

Admissions Designee: _____ Date: _____