



# PETITION TO REGISTER FOR CLASSES WITH OVERLAPPING TIMES

## OFFICE OF ADMISSIONS AND RECORDS

STUDENT'S NAME: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(PRINT ONLY)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE:** Students may not register in two classes which meet at the same time or whose schedule meeting times overlap. In certain cases, when students might otherwise be denied the opportunity to complete their studies in a reasonable period of time, exceptions may be approved by completing this form with the Admissions Office before the end of the third class meeting.

**Approval of a petition requires:**

- (1) A rational justification from the student (not scheduling convenience),
- (2) A written plan by the faculty member assigned to Class No 2 indicating the manner by which the student will be required to make up the time of overlap. Approval will not be granted to register in two classes with overlapping lecture sessions, and
- (3) Overlap of 10 minutes or more requires signature of Division Dean.

Semester \_\_\_\_\_ Year \_\_\_\_\_ Date \_\_\_\_\_

List the class to be attended as scheduled as Class No 1. List the class to be attended with a modified schedule as Class No 2.

Class No 1. \_\_\_\_\_ Meeting times: \_\_\_\_\_  
Sect.# Course name & #

Class No 2. \_\_\_\_\_ Meeting times: \_\_\_\_\_  
Sect.# Course name & #

**Attach on separate sheet:** The petitioner's statement of justification.

**Attach on separate sheet:** The faculty's proposal of weekly schedule for making up overlapping hours for Class No 2.

Students Signature: \_\_\_\_\_

Approval signature of instructor for Class No 1: \_\_\_\_\_

Approval signature of instructor for Class No 2: \_\_\_\_\_

_____ Approved _____ Denied	_____ / _____ Division Dean Date
<b>Please submit the approved form with supporting documentation to <a href="mailto:Tiffani.Lam@evc.edu">Tiffani.Lam@evc.edu</a></b>	