

Ohlone College

Petition to Enroll in Overlapping Classes

Indicate term: Summer Fall Spring and Year: 20 ____

Notice to Student and Instructor: As a general rule, enrollment will not be allowed for a student's attendance in two or more courses which meet at the same or overlapping time. However, an overlapping schedule may be permitted if (a) rational justification (scheduling convenience is not one) on a student-by-student basis can be established and can be documented and (b) the college maintains documentation that each student made up the hours of overlap in the course partially or wholly not attended as scheduled at some other time during the same week under appropriate supervision.¹

Each time a conflict occurs it must be approved by the Director of Admissions and Records (or designee). Time conflicts will be reviewed to determine if the make-up time is reasonable and justifiable. An audit finding of unsubstantiated overlap will result in the overlap time of one or the other course to be deducted from the attendance accounting and/or dropping of the student from one of the courses in question.

The completed form must be submitted to the Office of Admissions and Records and upon approval of petition, the student will be registered in the class. **Please print clearly.**

Student Name: _____ **Student ID Number:** _____
Last First MI

Telephone Number: _____ **Email Address:** _____

1. **Course Name & Synonym Number** of the specific course you will miss: _____
(Example: Art 101A-02/025606)

2. **Course Name & Synonym Number** of course that conflicts with first course: _____
(Example: Math 159-01/026309)

Justification for Request:

Classroom time lost to time conflict will be made up on:

_____ from _____ to _____
Please indicate specific days/times—Example: each Wednesday 1/15 - 5/20 from 3:15 p.m. to 3:25 p.m.

The student will make up the time conflict as indicated and will be under my direct supervision. I understand that, for audit purposes, I must maintain a written record of the make up time completed by the student in this class.

Instructor's Printed Name and Signature Date

I agree to make up all time missed as indicated.

Student's Signature Date

Office Use Only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied—Reason: _____			
_____ Director of Admissions and Records	_____ Date	_____ Processed by	_____ Date

¹ California Community College Attendance Accounting Manual