



PETITION FOR APPROVAL OF OVERLAPPING CLASSES

Fremont Campus
 43600 Mission Blvd., Bldg. 7
 Second Floor, Fremont, CA 94539
 Phone: (510) 659-6100
 Fax: (510) 659-7321

Newark Campus
 39399 Cherry St. NC1312
 Newark, CA 94560
 Phone: (510) 742-2341

AP 4226 Multiple and Overlapping Enrollments – Reference: Title 5 Section 55007

A student may not enroll in two or more sections of the same repeatable credit course during the same term unless the length of the course provides no overlap sections.

- The overlap is no more than five minutes per class session.
- The student provides a valid justification, other than mere scheduling convenience, of the need for a partial overlapping schedule.
- The student makes up any missed class time at some other time during the same week under the supervision of the instructor of the course for the duration of the overlapping period.
- The student, instructors, and division dean signs the form and approves the schedule.

STEP I: TO BE COMPLETED BY STUDENT

Student Name: _____ Student ID Number: _____

Semester: _____ Year: _____

SYNONYM NUMBER	CLASS NAME AND NUMBER	BEGIN/END DATES OF CLASS	DAYS OF CLASS	TIME OF CLASS	INSTRUCTOR	CHECK CLASS TO BE MADE UP	WEEKLY TIME TO BE MADE UP
Example: 061273	AJ-118-01	1/26/15- 5/22/15	T TH	9:00 – 10:35	Akkus-Ispir	X	5 minutes/day
Example: 062174	MATH-151-02	1/26/15- 5/22/15	T TH	10:30 – 12:00	O'Connell		

Justification for the request (Note: Scheduling convenience is not sufficient justification. Attach additional pages if necessary.)

I acknowledge that Admissions and Records will send the results of my Petition for Overlapping classes to my email account on file.

I acknowledge that an add authorization and/or late add petition does NOT override pre-registration holds, prerequisites, co-requisites, disqualifications, unit limitations, financial obligations, etc.

Student Signature _____

Date _____

STEP II: TO BE COMPLETED BY INSTRUCTOR OF OVERLAPPING CLASS

- A. As an instructor of the overlapping class, I understand that I am required under **California Title V Regulation 55007**, to provide documentation **“that the student made up the hours of overlap.”**
_____ ***Instructor Initials***

- B. I will meet with the student **weekly** on the dates and times (start and end times) shown on the attached log (beginning with first meeting through end of semester). _____ ***Instructor Initials***

- C. I will submit the detailed log, complete with my signature and that of the student on the last day of the semester to the Division Dean. _____ ***Instructor Initials***

- D. I understand that the completed and signed log is an official record of attendance and must be submitted to the Division Dean by the last day of the semester. _____ ***Instructor Initials***

Signature of Instructor of Overlapping Class

Date

STEP III: TO BE COMPLETED BY DIVISION DEAN

Your signature reflects your approval for this request.

Division Dean Signature

Date

STEP IV: RETURN COMPLETED PETITION TO ADMISSIONS AND RECORDS

OFFICE USE ONLY			
A&R PROCESSING INFORMATION:			
ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED			
_____ Dean of Enrollment Services	_____ Date	_____ Processed by	_____ Date

LOG OF MEETINGS – OFFICIAL RECORD OF ATTENDANCE

TO BE SUBMITTED TO DIVISION DEAN

Student Name: _____ Student ID Number: _____

Class: _____ Synonym #: _____ Term: Spring Summer Fall Year: _____

The overlapping instructor must establish a contract with the student to cover class minutes missed. On the log below, list dates, start and end times, and number of minutes you will meet with student. Student will submit form to Division Dean for approval of the established plan. The attendance log will be reviewed and returned to the instructor. Student and instructor will sign the form following each meeting. Instructor will submit the form to Division Dean on the last day of the semester. Once completed and signed, this log will be the official record of attendance and be kept on file by the Division Dean for three years.

Course: _____ Semester: _____ Year: _____ Instructor: _____

Week	Date of Meeting	Start Time	End Time	Minutes *	Signature of Student	Signature of Instructor
	<i>Example: 2/2/18</i>	3:05	3:10	5 min		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

***Minutes must be at least equal to the overlapping minutes missed during the semester. Use more pages if necessary.**

Plan has been reviewed and approved by: _____
Division Dean Signature Date