

## Request to Register in Two Courses Which Overlap Less Than One and One Half (1 1/2) Hour per Week

Enrollment in course with overlapping times is permitted **ONLY** if the time missed from class is made up regularly at the same time each week.

Please Print Clearly

For: \_\_\_\_\_ **OR** \_\_\_\_\_  
           Semester/Year                      Social Security Number                      Student ID

\_\_\_\_\_  
 Last Name                                      First Name                                      Phone

**Reason(s) why student needs to take these overlapping courses this term:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by the Student

#### OVERLAPPING CLASSES

Course & Section Numbers	Time From	Time To	Days	Instructors' Signatures (BOTH)

### To be completed by the Instructor

#### ARRANGED MAKE-UP HOURS (*must be specific*)

Time From	Time To	Days	Room Number	Total Hours Per Week	Instructor's Signature

**OR**

<b>The student will not miss any of the overlapping class because I dismiss class at:</b>	<b>Instructor's Signature</b>