ENROLL IN OVERLAPPING CLASSES

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

SMCCCD

Check Appropriate College

☐ Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Fax: (650) 306-3113

☐ Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506

☐ Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200

Approval WILL NOT be granted to register in two classes with significantly overlapping LECTURE sessions.

Indicate Term and Year: ☐ Summer ☐ Fall ☐ Spring Year:

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 Academic Standards Committee (or designee). Time conflicts will be reviewed to determine if the make-up time is reasonable and justifiable.

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.

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1. STUDENT INFORMATION

Student's ID# G:_____

Last Name_____ **First Name** _____ **Middle** _____

Mailing Address:_____

Phone Number:_____ **Email:**_____

CLASS No. 1 (Currently enrolled):

CRN	Course Name	Course Number/Section	Dates/Days/Time	Instructor's Name
31329	Elementary Algebra	MATH 110 AA	1/21-05/19 TR 11:10 - 12:25	Smith, Susan

CLASS No. 2 (Requesting to Add with modified schedules):

CRN	Course Name	Course Number/Section	Dates/Days/Time	Instructor's Name
45101	Drawing I	ART 204 AA	1/21-05/19 TR 12:10 - 1:25	Anderson, Bob

Student's justification for request:

I agree to make up all time missed as indicated by the instructor of class No. 2 (*see next page***).**

Student's Signature:_____ Date: _____

[1] The California Community Colleges student Attendance Accounting Manual

NOTE: it is the student's responsibility to make sure that page 2 is completed by the instructor of class No. 2

TO BE COMPLETED BY INSTRUCTOR OF CLASS 2
(Please PRINT Clearly)

II. INSTRUCTIONAL PLAN AND APPROVAL:

Faculty proposal of weekly schedule for making up overlapping hours of Class 2. Please include date, times and place you intend to meet with the student enabling him/her to gain the instruction missed. The time spent must equate to the same number of instructional hours missed each class meeting per week in order to enable the student to gain the instructional time/content missed.

Classroom time lost to time conflict will be made up as follows:

Start/End Dates _____ Days _____ Time_____ Location _____

Start/End Dates _____ Days _____ Time_____ Location _____

Content to be covered as follows:

The student will make up the time conflict as indicated above 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 approval of Class No. 2

_____ _____ _____

Instructor's Printed Name ***Signature*** ***Date***

OFFICE USE ONLY

III. APPROVAL

Division Dean / VPI Signature: _____ ☐ **Approved** ☐ **Denied** **Date:_____**

Comments

ADMISSIONS AND RECORDS OFFICE

Processed by: _____ Date: _____