

COLLEGE OF THE CANYONS
Admissions & Records
Contract for Overlapping Classes

Please Print:

TO: _____ DATE: _____
Instructor's Name

FROM: Admissions & Records Office SEMESTER: _____

Please Print:

Student Last Name First Name SSN/ID

Street Phone

City State Zip

*** Upon approval of overlap contract, please enroll me into the courses listed below.**

Student Signature: _____

The above student is planning to register in:

_____, _____, _____, _____
Course Name & Number, Section #, Days, Time,

which will cause an overlap with:

_____, _____, _____, _____
Course Name & Number, Section #, Days, Time,

Your class is one of these courses. The student will miss _____ minutes on _____ for a total of _____ hours for the duration of the course.

Instructors:

- You must calculate the total number of hours the student must make up.
- If you approve the add, you will need to work with the student to ensure the lost time created by the overlap will be made up. A contract must be included with this petition to show how the time will be made up during the week in which the time was missed.
- Your Division Dean must approve this form if the overlap is more than 15 minutes.
- Please sign below and send to the Admissions & Records office with the student, or to your Division Dean.

I approve this student's request to add my course that overlaps with another course this term. I agree to arrange make-up time with the student equal to the hours missed. Please see the attached contract.

Instructor's Signature Date

Division Dean Signature Date Admissions & Records Clerk Date

White: A&R
 Yellow: Instructor
 Pink: Student