

**COLLEGE OF THE CANYONS**  
**Admissions & Records**  
**Contract for Overlapping Classes**

Any contract received which has an overlap of more than five (5) minutes per class meeting, per week will not be accepted and will be denied.

- A detailed contract must be attached to this document at the time of submission.
- If approved, The Instructor/Student Contract Portion of this form must be completed and reflect how the time will be made up during the week in which the time was missed.
- Both the student and instructor must sign below.
- Review of the contract will take place within five (5) business days. The Admissions & Records office will notify the student regarding the outcome of the petition.

Last Name	First Name	Student ID Number
Address		Telephone Number
City	State	Zip
		Email Address

<b>Current Course Enrolled In:</b> Course Name: _____ Section # _____ 20 ___ <input type="checkbox"/> WI <input type="checkbox"/> SP <input type="checkbox"/> SS <input type="checkbox"/> FA M T W T H F S S U TIME _____ AM/PM	<b>Course Creating Overlap:</b> Course Name: _____ Section # _____ 20 ___ <input type="checkbox"/> WI <input type="checkbox"/> SP <input type="checkbox"/> SS <input type="checkbox"/> FA M T W T H F S S U TIME _____ AM/PM
The student will miss _____ minutes each week, for a total of _____ hours for the duration of the course, (min. x mtgs. divided by 60).	

*"I agree to meet with the student outside of the class each week for the amount of time the student will miss during the normal class meeting. In addition, my signature below approves this student to add my course and verifies the student's first date of attendance is prior to the add deadline".*

\_\_\_\_\_  
*Instructor's Signature*                      *Date*

*"I agree to meet with the instructor outside of class each week for the amount of time I will miss during the normal class period. I agree to be added into the course and will pay at the time I am registered."*

\_\_\_\_\_  
*Student's Signature*                      *Date*

<b>For Official Use Only:</b>  Admission & Records Technician _____ Date _____  Date Enrolled: _____ Comments _____	Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  Dean Comments: _____ _____ _____ Division Dean Signature _____ Date _____
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