Initial Date

COLLEGE OF THE CANYONS

Admissions & Records

Overlapping Classes
(All correspondence referring to this petition will be communicated via your My Canyons Email Account)

Last Name First Name			Student ID N			
	@my	y.canyons.edu	l.			
Email			Telephone Number			
Course Creating Ove Course Name: Section #			Course Creat Course Name Section #_	:		
20 OWI		End Date	_		Start Date	End Date
M TWTHFSSU	TIME	_AM/PM	M TWTH	FSSU TIN	ME	AM/PM
The student will mis (min. x mtgs. divide	ss minutes & d by 60).	each week, for	a total of	hours for	the duration o	of the course,
"I agree to the above overl student will miss during the verifies the student's first a	e normal class meeting.	nously with the In addition, m	student outside oj y signature below	f the class each	h week for the an	
Instructor's Signature	Date		First date of	attendance	_	
"I agree to the above overl miss during the normal cla. 		added into the d	course and will po			
		Office	Use Only			
Dean Signature		Date	School	Dean Action: [☐ Approved ☐	Denied
Admission & Record	s Technician	Date		☐ Date Enrolle ☐ Waitlisted # ☐ Has Add Au	#	_