

## 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    To	Days	Instructors' Signatures (BOTH)

**To be completed by the Instructor**

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

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