

MENDOCINO COLLEGE
PETITION FOR OVERLAPPING OF CLASSES

Name

Social Security **OR** Student Identification Number

Address

Phone Number

City

State

Zip Code

Part I - Student: List semester, Instructor name, section number and course title of petitioned class (*Example: Spring 2008, Jenkins, 4601, NRS 196*):

Provide your justification for this request below. Note – The justification must be other than scheduling convenience as per Title V, Section 55007. Use reverse side if necessary:

Signature – Student

Date

Part II - Instructor:

The above student has requested to register in _____ which will cause an overlap with _____. Your class is one of these courses. The student will miss a total of _____*hours for the duration of the course for the above stated reason(s). If you approve the add, please indicate the exact days and times the student will make up the lost time in the area below. *You must keep a log of days and hours to submit to Admissions & Records with your final grade roster.*

Days and/or Dates and Times

Total Hours* _____

- Total hours must match. The make up time cannot conflict with any other class on the student's schedule.
- **Overlaps beyond eight hours for the semester will not be approved.**
- Please sign below and return to the student to be submitted to the Dean of Instruction in Lakeport, Ukiah or Willits.

Approved _____ Denied _____

Instructor's Signature

Date

Comments

Part III – Dean of Instruction:

*Approved _____ **Denied _____

Dean of Instruction's Signature

Date

Comments

**Approved: Return to student for enrollment.*

***Denied: Return to Ukiah Admissions & Records for processing.*

Rev: 5/11/08