

OVERLAPPING CLASSES PERMIT

Name: _____ Birthdate: _____
Last First M
 Phone: _____ COS E-mail: _____@ins.siskiyous.edu
 SID: S000-_____ or SSN: _____

TO BE COMPLETED BY STUDENT
 I hereby request to enroll in the following classes, which have overlapping meeting times.

	Days	Times
Class 1 _____	_____	_____
Section No. Course No. Title		
_____	_____	_____
Location Instructor		
	Days	Times
Class 2 _____	_____	_____
Section No. Course No. Title		
_____	_____	_____
Location Instructor		

Student Signature: _____ Date: _____

When completed by the student, instructors and dean return this form to the Enrollment Services Office with the completed Enrollment/Registration or Add/Drop Form.

PLAN FOR MAKING UP OVERLAPPING HOURS:

TO BE COMPLETED BY INSTRUCTORS AND DEAN

I approve the enrollment of the student in the above classes and will maintain a LOG FILE of the made up class time. This form and the log file will be submitted with the final grade forms at the end of the semester/class.

Class 1 Instructor: _____ Date: _____

Class 2 Instructor: _____ Date: _____

Dean: _____ Date: _____

OVERLAPPING COURSES LOG

INSTRUCTOR 1			INSTRUCTOR 2		
WEEK	ACTIVITY	AMOUNT OF TIME SPENT	WEEK	ACTIVITY	AMOUNT OF TIME SPENT
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		

Comments: _____
