

VICTOR VALLEY COLLEGE

Overlapping Enrollment Approval Form

Term (circle one) Summer Fall Spring Year 20_____

Notice to Student and Instructor: As a general rule, enrollment cannot be allowed for a student's attendance in two or more courses which meet at the same or overlapping time. However, an overlapping schedule may be permitted if: (a) rational justification (scheduling convenience is not one) on a student by student basis can be established and can be documented and (b) the college maintains documentation that each student made up the hours of overlap in the course partially or wholly not attended as scheduled at some other time during the same week under appropriate supervision.*

Each time overlap must be approved by the Dean. Time conflicts will be analyzed to determine if the make-up time is reasonable and justifiable. **All overlapping enrollments require Dean approval.**

Student Name: _____ Student ID: _____
 Address: _____ Phone: _____
 _____ E-mail: _____

Extenuating Circumstance Justification for Request:

____ Required for Graduation in the current semester (attach documentation) ____ Class is an infrequent class offering
 ____ Other. Explain: _____

Course #1: _____ Course #2: _____
 Section No. _____ Section No. _____
 Days and Times: _____ Days and Times: _____
 Instructor: _____ Instructor: _____

Total time of overlap is _____ minutes.

Instructor #1 will meet with student to make up classroom time lost in: _____ as follows: <small>(Class Name and Section Number)</small>		
Day(s) _____	Time _____ to _____	Location _____
Method of Instruction for made up time: _____ <small>(Example: Lecture, Online, Group Discussion, Seminar, etc.)</small>		
I acknowledge that the student will make up the time overlap under my direct supervision as indicated above:		
_____	_____	_____
Instructor #1 (Please Print)	Instructor #1 Signature	Date

Instructor #2 will meet with student to make up classroom time lost in: _____ as follows: <small>(Class Name and Section Number)</small>		
Day(s) _____	Time _____ to _____	Location _____
Method of Instruction for made up time: _____ <small>(Example: Lecture, Online, Group Discussion, Seminar, etc.)</small>		
I acknowledge that the student will make up the time overlap under my direct supervision as indicated above:		
_____	_____	_____
Instructor #2 (Please Print)	Instructor #2 Signature	Date

I agree to make up all time missed as indicated above: _____
Student Signature Date

OFFICE USE ONLY

_____ Request **DENIED** for overlapping enrollment _____ Request **APPROVED** for overlapping enrollment

_____ Dean's Name (Please Print) _____ Dean's Signature _____ Date

*Title 5 Sections 55007, 58030 California Code of Regulations.