

# Petition For Overlapping Classes

**Title 5 Section 55007:** Multiple and Overlapping Enrollments

A district may not permit a student to enroll in two or more courses where the meeting times for the courses overlap, unless the district has established and incorporated into its attendance accounting procedures adopted pursuant to section 58030 a mechanism for ensuring that the following requirements are satisfied:

1. the student provides a **sound justification, other than mere scheduling convenience**, of the need for the overlapping schedule;
2. an appropriate district official approves the schedule;
3. the college **maintains documentation** describing the justification for the overlapping schedule and showing that the **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 the supervision of the instructor of the course.

**STEP I: TO BE COMPLETED BY STUDENT**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

SECTION NUMBER	COURSE NAME	BEGIN/END DATES OF CLASS	DAYS OF CLASS	TIMES OF CLASS	INSTRUCTOR	CHECK CLASS TO BE MADE UP	WEEKLY TIME TO BE MADE UP
Example: 12345	MATH 105	8/22/20 – 12/11/20	MW	10:00AM-12:35AM	V. Jones	X	5 minutes/day
Example: 54321	ENGL 101	8/22/20 – 12/11/20	MW	8:00AM-10:05AM	J. Doe		

**Justification for the request (Note: Scheduling convenience is not sufficient justification. Attach additional pages if necessary.)**

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I acknowledge that Admissions and Records will send the results of my Petition for Overlapping classes to my email account on file.

I acknowledge that an add authorization code and/or late add petition does NOT override pre-registration holds, prerequisites, co-requisites, disqualifications, unit limitations, financial obligations, etc.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**STEP II: TO BE COMPLETED BY INSTRUCTOR OF OVERLAPPING CLASS**

Specify how student will make up the weekly missed time during the same week which the class hours and content are missed:

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**STEP III: TO BE COMPLETED BY INSTRUCTOR OF OVERLAPPING CLASS**

- A. As an instructor of the overlapping class, I understand that I am required under California Title V Regulation 55007, to provide documentation "that the student made up the hours of overlap."  
\_\_\_\_\_ *Instructor Initials*
- B. I will meet with the student weekly on the dates and times (start and end times) shown on the attached log (beginning with first meeting through end of semester). \_\_\_\_\_ *Instructor Initials*
- C. I will submit the detailed log, complete with my signature and that of the student on the last day of the semester to the Dean of Enrollment Services. \_\_\_\_\_ *Instructor Initials*
- D. I understand that the completed and signed log is an official record of attendance and must be submitted to the Dean of Enrollment Services by the last day of the semester. \_\_\_\_\_ *Instructor Initials*

\_\_\_\_\_  
Signature of Instructor of Overlapping Class      Date

**STEP III: TO BE COMPLETED BY DIVISION DEAN AND VICE PRESIDENT OF ACADEMIC AFFAIRS**

Approved       Denied      \_\_\_\_\_      \_\_\_\_\_  
Division Dean's Signature      Date

Approved       Denied      \_\_\_\_\_      \_\_\_\_\_  
Vice President of Academic Affairs' Signature      Date

**STEP IV: RETURN COMPLETED PETITION TO ADMISSIONS AND RECORDS**

<b>OFFICE USE ONLY</b>	
A&R Processing Information:	
_____ Processed by	_____ Date

**LOG OF MEETINGS - OFFICIAL RECORD OF ATTENDANCE**  
**TO BE SUBMITTED TO DEAN OF ENROLLMENT SERVICES**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Class: \_\_\_\_\_ Section#: \_\_\_\_\_ Term:  SI  Spring  Summer  Fall Year: 20 \_\_\_\_\_

The overlapping instructor must document all made up minutes/hours. Student and instructor will sign the form following each weekly meeting. Instructor will submit the form to the Dean of Enrollment Services on the last day of the semester. Once completed and signed, this log will be the official record of attendance and be kept on file by Admissions and Records for three years (for auditing purposes).

Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Instructor: \_\_\_\_\_

Week	Date of Meeting	Start Time	End Time	Minutes*	Signature of Student	Signature of Instructor
	Example: 01/30/15	2:30	2:35	5		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

\*Minutes must be at least equal to the overlapping minutes missed during the semester. Use more pages if necessary.

I have reviewed the log and verified that the student has made up all missed time

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**Date**