

## **CITY COLLEGE OF SAN FRANCISCO**

# PETITION TO ALLOW TIME CONFLICTS/OVERLAPPING CLASSES

Please note: If the class has started, a Class Add Request approval or Late Add Petition is required with submission of this form.

Last	Name	Firs	st Name		Studen	t ID Number		
dent E	mail:			Phone	Phone:			
dent S	ignature:			Da	Date:			
2: Lis	t the semester a	nd course inforr	mation for both	course below.				
neste cours	er (circle one)	: Fall Sp	ring Summe	r Year: 20				
CRN#	SUBJECT	COURSE	DAYS	TIME	UNITS	INSTRUCTOR NAM		
COURS	 							
CRN#	SUBJECT	COURSE	DAYS	TIME	UNITS	INSTRUCTOR NAM		
Title 5	reference for de	tail. Attach add	itional pages if r	necessary.)		nt justification. See page		
Title 5	reference for de	tail. Attach add	of the course in	which you will k	e required to r	nt justification. See page		
Title 5  4: Ta	ke the petition to  OMPLETED BY INS  As an instructor or to provide docum	tail. Attach adding the instructor  TRUCTOR OF CLA	of the course in	which you will be	pe required to r	make up time for approvi		
Title 5  4: Ta  O BE C	ke the petition to  OMPLETED BY INS  As an instructor or to provide docum Instruct I will meet with the	tail. Attach adding the instructor  TRUCTOR OF CLA  f the class, I under the entation "that the or Initials	of the course in  SS FOR WHICH TII  stand that I am recessions to the course of the course in the co	which you will be MISSE quired under Califor p the hours or min	pe required to r D ornia Title 5 Sect utes of overlap.	make up time for approvi		
O 4: Ta  O BE C  A.  B.	ke the petition to  OMPLETED BY INS  As an instructor or to provide docum Instruct I will meet with the	o the instructor  TRUCTOR OF CLAST f the class, I under the entation "that the or Initials  ne student weekly Instructor  detailed log, comp	of the course in  SS FOR WHICH TII  rstand that I am recessudent made under the course in the course	which you will be with the hours or minutes (start and end that of the hour of	pe required to r D ornia Title 5 Sect outes of overlap.	make up time for approvion 55007,		
O 4: Ta O BE C A. C.	ke the petition to  OMPLETED BY INS  As an instructor of to provide docum  Instruct  I will meet with the end of semester.  I will submit the of semester to the S  I understand that	o the instructor  TRUCTOR OF CLASS If the class, I under the the class of the instructor that the cor initials  The student weekly instructor the completed are the complete the c	of the course in  SS FOR WHICH TII  stand that I am rece student made under Initials  lete with my signa  Instructor Initial  and signed log is an	which you will ke ME WILL BE MISSE quired under Califo p the hours or min utes (start and end	pe required to r  D  Ornia Title 5 Section of overlap.'  I times) beginnin  e student on the	make up time for approvion 55007,		

# Step 6: Return completed form to the Registration Center, Multi-Use Building Rm 130. (Conflict + CRN) Processed by: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

#### Title 5 reference: Section 55007 (b). Overlapping Enrollments.

- (b) 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.

## LOG OF MEETINGS - OFFICIAL RECORD OF ATTENDANCE

## TO BE SUBMITTED TO SCHOOL DEAN **OF THE DEPARTMENT YOU ARE MISSING CLASS TIME**

Student Name				Student ID Number					
CRN	Sl	JBJ & CRSE <u>:</u>		Term:SpringSummerFall Year: 20					
During the sem At the end of th	ester, student and	instructor wi	II meet wee	ekly, record the to School Dea	meeting date on the last	below and sign it day of the semes	ster. Once completed and		
Course:		_ Semester	:	Year:		Instructor:			
Week	Date of Meeting	Start Time	End Time	Minutes*	Signature	e of Student	Signature of Instructor		
	Example: 01/30/17	2:30	2:35	5					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
			rlapping m	inutes missed	during the se	emester. (Make d	copy if addition pages are needed)		
Log has been i	reviewed and app	roved by:	chool Dean	Signature			Date		