

PETITION FOR COURSE OVERLAP

WEST VALLEY COLLEGE

1. Per Board Policy 4226 and Administrative Procedure 4226 students may not be enrolled in two or more classes where the meeting times overlap, unless: The student provides a valid justification, *other than scheduling convenience*, of the need for an overlapping schedule that does not exceed 10% of class meeting.
2. **The student makes up the overlapping hours at some other time during the same week under the supervision of the instructor of the course.**
3. Approval will not be granted to register in a class that overlaps with two classes.
4. Submit this petition via fax or U.S. Mail. Fax to: A/R Office at (408) 867-5033. Mail to: West Valley College, Admissions Office, 14000 Fruitvale Av., Saratoga, CA 95070. A copy will be returned to you indicating approval or denial, and the reasons and/or the limitations imposed by the Academic Appeals Committee.

PART I. TO BE COMPLETED BY STUDENT

Name _____ College ID or SSN _____

Address _____ Phone _____

City / State _____ Zip _____ Today's Date _____

This petition is for the _____ Semester, 20_____

Overlapping Courses:

Class 1: _____
Course Section No. Instructor Days Times MCID 17

Class 2: _____
Course Section No. Instructor Days Times

What part of which class(es) will you not attend at the regu56/ u56/ u56/ u56/ u56/

WEST VALLEY COLLEGE
COURSE OVERLAP – WEEKLY LOG
Students and Instructors must document make-up time for overlapping course.

Instructor Name/Ext: _____

Today's Date: _____

Student: _____

Student ID#: _____

Course and Section # of class requiring make-up time: _____