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:_____

Address:_____

_____

Student ID:_____

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:_____

Section No. _____

Days and Times: _____

Instructor: _____

Course #2:_____

Section No. _____

Days and Times: _____

Instructor: _____

Total time of overlap is_____minutes.

Instructor #1 will meet with student to make up classroom time lost in: _____ **as follows:**
(Class Name and Section Number)

Day(s)_____   Time_____to_____Location_____

Method of Instruction for made up time:_____
(Example: Lecture, Online, Group Discussion, Seminar, etc.)

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:**
(Class Name and Section Number)

Day(s)_____   Time_____to_____Location_____

Method of Instruction for made up time:_____
(Example: Lecture, Online, Group Discussion, Seminar, etc.)

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.