

**COURSE OVERLAP/OVERRIDE PETITION**

Quarter:     Fall             Winter         Spring         Summer    Year: \_\_\_\_\_

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CIN: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Is requesting permission to register for the following two courses that overlap.

1) \_\_\_\_\_  
Department and Course #

\_\_\_\_\_  
Day and time

\_\_\_\_\_  
Professor's Signature

2) \_\_\_\_\_  
Department and Course #

\_\_\_\_\_  
Day and time

\_\_\_\_\_  
Professor's Signature

Student will make up time/work by completing the following:

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\_\_\_\_\_  
CS Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean's Signature (ECST)

\_\_\_\_\_  
Date

*After obtaining all signatures, please submit this form to Administration Building, Rm. 409.*