# Course Overlap/Override Petition

**Quarter:**

Name of Student: ________________________________  SID/ CIN ________________________________

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:

1. 
2. 
3. 
4. 
5. 

### Approvals

<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor</td>
<td></td>
</tr>
<tr>
<td>Department Chair</td>
<td></td>
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<tr>
<td>Associate Dean</td>
<td></td>
</tr>
</tbody>
</table>

After obtaining all signatures, please submit this form to Administration Building, Room 146.

Rev. 3/19/04