# Course Overlap/Override Petition

**Semester:**

**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:

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**Approvals**

**Advisor** ____________________________  **Date** ____________________________

**Department Chair** ____________________________  **Date** ____________________________

**Associate Dean** ____________________________  **Date** ____________________________

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