# Course Overlap/Override Petition

**TERM:** ____________________

Name of Student __________________ CIN __________________

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

1) ____________________________________  
   Department and Course #

2) ____________________________________  
   Department and Course #

   Day and Time  
   Day and Time

   Professor's Signature  
   Professor's Signature

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Approvals:**

Advisor __________________ Date __________________

Department Chair __________________ Date __________________

Associate Dean __________________ Date __________________

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