CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
College of Engineering, Computer Science and Technology  
Department of Technology

COURSE OVERLAP/OVERRIDE PETITION

Term:  ☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  Year: ___________________

CIN: _______________________________

Last Name: ________________________ First Name: __________________________

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

1) __________________________  2) __________________________

Department and Course #        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:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Chair’s Signature  Date

Associate Dean’s Signature  Date

After obtaining all signatures, please submit this form to Administration Building, Rm. 409
Submit a copy to your department office.