California State University, Los Angeles
College of Engineering, Computer Science, and Technology
Department of Electrical and Computer Engineering

Course Overlap/Override Petition

Quarter:_____________________

Name of Student________________________ CIN________________________
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 if needed:

   ________________________________
   ________________________________
   ________________________________
   ________________________________

Approvals:

Advisor __________________________ Date __________________________

Department Chair __________________ Date __________________________

Associate Dean ____________________ Date __________________________

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