

California State University, Los Angeles  
College of Arts and Letters

## Course Overlap/Override Petition

Semester: \_\_\_\_\_

Name of Student \_\_\_\_\_ SID/ 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:


### Approvals

Advisor _____	Date _____
Department Chair _____	Date _____
Associate Dean _____	Date _____

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