

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

Course Overlap/Override Petition

TERM: _____

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 409.