



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.**