

PETITION FOR COURSE OVERLAP

WEST VALLEY COLLEGE

1. Per Board Policy 4226 and Administrative Procedure 4226 students may not be enrolled in two or more classes where the meeting times overlap, unless: The student provides a valid justification, *other than scheduling convenience*, of the need for an overlapping schedule that does not exceed 10% of class meeting.
2. **The student makes up the overlapping hours at some other time during the same week under the supervision of the instructor of the course.**
3. Approval will not be granted to register in a class that overlaps with two classes.
4. Submit this petition via fax or U.S. Mail. Fax to: A/R Office at (408) 867-5033. Mail to: West Valley College, Admissions Office, 14000 Fruitvale Av., Saratoga, CA 95070. A copy will be returned to you indicating approval or denial, and the reasons and/or the limitations imposed by the Academic Appeals Committee.

PART I. TO BE COMPLETED BY STUDENT

Name _____ College ID or SSN _____

Address _____ Phone _____

City / State _____ Zip _____ Today's Date _____

This petition is for the _____ Semester, 20_____

Overlapping Courses:

Class 1: _____
Course Section No. Instructor Days Times

Class 2: _____
Course Section No. Instructor Days Times

What part of which class(es) will you not attend at the regularly scheduled day and time?

Student's Signature

PART II. TO BE COMPLETED BY INSTRUCTOR(S)

Each instructor who approves a course overlap is required to ensure that all time and work is made up by the student.

Total meeting time must be the same as overlapping times listed above. **Instructor must keep records to document these weekly meetings.**

Class 1: _____
Course Section No. Instructor Days Times

Instructor's Signature _____ Date _____

PART III. TO BE COMPLETED BY ACADEMIC APPEALS COMMITTEE

Petition is _____ Approved _____ Denied

Chair, Academic Appeals Committee

Date

WEEKLY LOG FOR COURSE OVERLAP MAKE-UP

Date: _____

Instructor/Ext: _____

Student: _____

Student ID#: _____

Course and Section # of class requiring make-up time: _____

Name/Sect # of Conflicting Class: _____

Course time – missed/overlap (Must be specific and verifiable, i.e. M/W 2:30-3:30 pm)

Week/Date: (i.e. 09/01/09)	Day and Time—Start/end (i.e. Monday 9-10 am)	Instructor Signature	Student Signature	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

According to Title V Section 55007, students are not permitted to register for overlapping courses. Our college policy does allow for minimal overlap (no more than 10% of class time **and only** under extenuating circumstances). Students and instructors must document when the overlapping time will be made up. This form must be completed and turned in with the Course Overlap Form for review before the last day to ADD for each semester or term. Any class time missed must equate to the time made up and **CANNOT** be at the same time as the Supplemental Instruction (formerly Hours by Arrangement) time designated for the class and student.

