Time Conflict/Class Overlap Petition

Please complete the following. PRINT legibly and clearly.

NAME ___________________________ DAY PHONE ___________________________ DATE ___________________________

*Students must have ADD SLIP or LATE ADD PETITION attached. You will be notified of petition outcome via your LRCCD Email Address.*

Notice to Student: California Education code (also known as Title 5, section 55007) states the following:

(b) A district may not permit a student to enroll in two or more courses where the meeting times for the courses overlap, unless the district has established and incorporated into its attendance accounting procedures adopted pursuant to section 58030 a mechanism for ensuring that the following requirements are satisfied:

(1) The student provides a sound justification, other than mere scheduling convenience, of the need for the overlapping schedule;
(2) An appropriate district official approves the schedule;
(3) The college maintains documentation describing the justification for the overlapping schedule and showing that the student made up the hours of the overlap in the course partially or wholly not attended as scheduled at some other time during the same week under the supervision of the instructor of the course.

Class Number (e.g. 11111) Course Title (e.g. BIOL 300) Meeting Days (e.g. M/W/F) Begin & End Time of Course Term (e.g. Fall 2014) Instructor's Name (print) Number of minutes weekly that I will be missing of normal instruction

Student’s Extenuating Circumstances for Request:

________________________________________________________________________________________________________________________________________

I understand that it is my responsibility to fulfill the requirements of each class as I will be receiving full credit for both of them.

Student Signature: ___________________________ Date: ___________________________

NOTICE TO INSTRUCTORS ONLY: A time conflict between your course and another course of the student’s choice exists. In order for the college to receive FTES funding for this student’s enrollment in your class, the college may permit the overlapping schedule if (a) rational justification (scheduling convenience is not acceptable) on a student by student basis can be established. (b) Faculty maintains documentation that the student made up the hours of overlap in the course missed, partially or wholly, at some other time during the same week under appropriate supervision. See Education Code listed above. If you are willing to allow this student to enroll in your course with this conflict, (scheduling convenience is not acceptable) check appropriate box below:

☐ I am authorizing the overlapping time conflict in my college class (listed above). I certify that I will make arrangements with the student to make up the hours of overlap (time not attended) at another time during the same week under supervision. (Note: in a Positive Attendance class, count ALL hours of attendance for reporting on the Grade Input Roster).

☐ I do not authorize the overlapping time conflict in my college class listed above.

Instructor’s Signature/Date: ___________________________ Area Dean’s Signature/Date: ___________________________

Your petition has been reviewed and your request has been: ☐ No Action ☐ Approved ☐ Denied

Administrator’s Signature ___________________________ Date ___________________________

Processor’s Initials/Date & Comments

Processed ☐ E-mailed ☐
PURPOSE OF THE TIME CONFLICT/CLASS OVERLAP PETITION
The Time Conflict/Class Overlap Petition provides students an opportunity to request enrollment in a course which occurs at the same time as another course.

INSTRUCTIONS

➢ Complete the student information section at the top of the form.

➢ Section ① Carefully read the Notice to Student. Fill in the course information for the two courses that are conflicting. Approximate the number of minutes that you will be unable to attend during the normal hours of instruction (this is the time you will need to make up weekly). Approximate the number of minutes that you will need to make up for this course each week.

➢ Section ② Explain what extenuating circumstances apply to this request. Be thorough; attaching additional explanation or documents as needed. Please note that mere scheduling convenience is not a valid reason to request a Time Conflict/Class Overlap Petition. Sign and date this section.

➢ Section ③ Instructors: Please carefully read this section and check the appropriate box. If you have any questions, please contact the Admissions & Records Office at 608-6500. Area Deans: Your signature is required in order for this petition to be processed. A petition without both signatures will not be accepted for processing.

➢ Please turn in this petition for processing at the Admissions & Records Office.

PLEASE NOTE

➢ If the enrollment in the second course will occur after the ‘Last Day to Add’, a Late Add petition must be completed and turned in with this petition. Otherwise, an add slip must be completed and turned in with this petition.

You will be notified by e-mail of action taken within 5 business days after you have submitted your Petition.