

# PETITION FOR COURSE OVERLAP

# WEST VALLEY COLLEGE

1. Per Board Policy 4226 and Administrative Procedure 4226 students may not 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 regu56/ u56/ u56/ u56/ u56/

**WEST VALLEY COLLEGE**  
**COURSE OVERLAP – WEEKLY LOG**  
**Students and Instructors must document make-up time for overlapping course.**

Instructor Name/Ext: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student: \_\_\_\_\_

Student ID#: \_\_\_\_\_

**Course and Section # of class requiring make-up time:** \_\_\_\_\_