



Lassen Community College

California Title V Regulations - § 55007. Multiple and Overlapping Enrollments.

(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 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.

PART I: TO BE COMPLETED BY STUDENT:

Student Name _____ Student ID# _____

Student E-Mail Address _____ Student Phone Number _____

| SECTION | ADD | COURSE | SECTION NO. | INSTRUCTOR | MEETING DAYS | MEETING TIMES |
|-------------------------------------|-------------------------------------|--------|-------------|------------|--------------|---------------|
| SECTION YOU WILL ATTEND COMPLETELY | <input checked="" type="checkbox"/> | | | | | |
| SECTION IN WHICH YOU WILL MISS TIME | <input checked="" type="checkbox"/> | | | | | |
| SECTION IN WHICH YOU WILL MISS TIME | <input type="checkbox"/> | | | | | |

Provide justification for request (other than mere scheduling convenience) of the need for the overlapping schedule.

By signing this petition, I hereby acknowledge that it is my responsibility to fulfill all the requirements of each class since I will be receiving full credit for all of them.

Student Signature _____ Date _____

PART II: INSTRUCTOR PORTION

In detail, please explain the terms of agreement reached for the make-up of time lost in class. **PLEASE BE SPECIFIC, AND ACCOUNT FOR THE ENTIRE TIME OF OVER-LAP.** _____

Instructor (of class missing time) Signature _____ Date _____

Counselor Signature _____ Date _____

Dean of Instruction Signature _____ Date _____

Dean of Instruction Action: *Approved* *Denied*

