

COLLEGE OF THE SISKIYOU

Admissions & Records

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OVERLAPPING CLASSES PERMIT

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:

SEMESTER: _____ YEAR: _____

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____

Student ID: S00 _____ COS E-mail: _____@ins.siskiyous.edu

CRN	Course name	Start/end date of classes	Days	Time	Instructor	Check class to be made up	Weekly time to be made up

Student's Extenuating Circumstances for Request:

Scheduling Convenience is NOT acceptable and will be denied.

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: _____

Part II: TO BE COMPLETED BY INSTRUCTOR OF OVERLAPPING CLASS:

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 Title V 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 (of class missing time) Signature: _____ Date: _____

Area Dean's (of class missing time) Signature: _____ Date: _____

