

SEMESTER/YEAR

University policy states that in certain laboratory or studio type courses, in exceptional circumstances, course registration overlap may be permitted with written approval of the instructors of both courses as well as the approval of the dean(s) and chairperson(s) responsible for the instructional area.

Student Name:

CWID (Student ID No):

Courses which overlap in day/time:

CLASS 1

Full Course and Section Number

Course Title, Days and Hours of class meeting times

CLASS 2

Full Course and Section Number

Course Title, Days and Hours of class meeting times

Rationale for request:

REQUIRED SIGNATURES FOR APPROVAL:

Instructor, class 1 _____ Instructor, class 2 _____

Chairperson, class 1 _____ Chairperson, class 2 _____

Dean, class 1 _____ Dean, class 2 _____

NOTE TO STUDENT: Once you have obtained all of the required approval signatures, you must bring this form to the Office of the Registrar by the Final Add/Drop deadline as published in the Schedule of Courses Book.