***Term: Fall 20___/Spring 20___/Summer 20___***

Student ID# _____

# Time Conflict Approval Form

Student Name: _____
*Last* *MI* *First*

Email _____ Phone _____

Course Name/Class Number _____/_____
(*course missing regular attendance ex: Art 106/1337)*

***Notice to Student and Instructor:***
As a general rule, enrollment cannot be allowed for a student's attendance in two or more courses which meet at the same or overlapping time. However, overlapping schedule may be permitted if:
(a) rational justification (*scheduling convenience is not one*) on a student-by-student basis can be established and can be documented; and
(b) the college maintains documentation that each 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 appropriate supervision .[1]

Each time conflict must be approved by the *Director of Admissions and Records* (*or designee*). Time conflicts will be analyzed to determine if the makeup time is reasonable and justifiable. An audit finding of unsubstantiated overlap will result in the overlap time of one or the other course to be deducted from the attendance accounting and/or dropping of the student from one of the courses in question.

***Justification for Request:***

_____

_____

*Classroom time lost to time conflict will be made up on:*

_____ **from** _____ **to** _____
*(Please indicate specific days/times – ex: each Wednesday 1/15 – 5/20 from 3:15 p.m. to 3:25 p.m.)*

*The student will make up the time conflict as indicated and will be under my direct supervision.*

_____/_____ _____
***Instructor Signature*** ***Instructor Name (PRINT)*** ***Date***

*I agree to make up all time missed as indicated.*

_____ _____
***Student Signature*** ***Date***

***Director of Admissions and Records/Designee Approval (CRED)*** _____

***Assistant Registrar/Designee Approval (NONC/AHS)*** _____

[1] *California Community College Attendance Accounting Manual*