

AMERICAN RIVER COLLEGE

Time Conflict/Class Overlap Petition

Please complete the following "PRINT" legibly and clearly
(You will be notified of petition results by lmail.)

Received by/Date: _____

Name _____ ID# _____ Summer Fall Spring Year _____

Notice to Student: California Education code (also known as Title 5, section 55007) states the following:

(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 the 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.

Course Numbers	Course Title	Begin/End Dates	Days of Course (M,T,W,TH,F)	College of Course	Begin/End Time of Course	Instructor	Check Course to be made up (✓)	Total weekly time to be made up

Student's extenuating circumstances for request:

I understand that it is my responsibility to fulfill the requirements of each class since I will be receiving full credit for both of them.

Student Signature _____

Date _____

NOTICE TO INSTRUCTORS ONLY: 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 Education 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 Signature/Date _____

Dean's Signature/Date _____

FOR OFFICE USE ONLY: PLEASE ROUTE THIS PETITION TO ENROLLMENT SERVICES FOR FURTHER PROCESSING

Approved Denied

Administrator's Signature/Date _____

Posted On-Base BOGG Payment Needed

Processed by/Date _____