Rongxiang Xu College of Health and Human Services

Petition for Course Overlap

Today's Date: _____ Semester: _____

Name: _____ CIN: _____

Major: _____ Class Level: _____

Email: _____

Current Cal State LA (must be above a 2.0): _____

Amount of OVERLAP TIME (e.g., 10 min, 1hr, etc.): _____

Instructions:

- The student should email both professors together asking for approval on the overlap. In the e-mail, the student should make it clear which course(s) the student will leave early from, or arrive late to, and how the missed time will be made up.
- Each instructor should also consider potential midterm and final exam conflicts and how they will be resolved.
- Either instructor may refuse to approve missing any of their class time.
- Each instructor should only approve after the proposed solution is agreed upon by both instructors.
- After both instructors electronically sign, the student should email this form to his/her department chair for approval.

Student will make up time/ work by completing the following:

_____

_____

_____

_____

_____

FIRST CLASS

Department	Course Title and Number	DAY	TIME	Instructor Signature

SECOND CLASS

Department	Course Title and Number	DAY	TIME	Instructor Signature

Please obtain your department Chair's electronic signature. Department Chair, if you approve, please email the form to the Records Office at records@calstatela.edu and cc the student to the email.

Your Department Chair's Signature: _____ Date: _____