CAL STATE LA **COLLEGE OF EDUCATION**

Course Overlap Petition

Name _____ CIN _____

Email _____ Program _____

Term/Year _____

I am requesting permission to register for the following two courses that overlap:

	Course 1	Course 2
Course Subject/#		
Day/Time		
Instructor's Signature		
Division Chair's Signature		

Justification and explanation of how student will make up time and coursework:

_____

_____

_____

_____

Advisor's Approval _____ Date _____

Associate Dean's Approval _____ Date _____

Submit completed form to Records, Administration Building 409 Rev 8-2016