California State University, Los Angeles
College of Engineering, Computer Science, and Technology
Department of Electrical and Computer Engineering

Course Overlap/Override Petition

TERM:_____

Name of Student_____CIN_____
is requesting permission to register for the following two courses that overlap.

1) _____ 2) _____
Department and Course # Department and Course #

_____ _____
Day and Time Day and Time

_____ _____
Professor's Signature Professor's Signature

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

_____

_____

_____

_____

Approvals:

Advisor _____ Date _____

Department Chair _____ Date _____

Associate Dean _____ Date _____

After obtaining all signatures, please submit this form to Administration Building, Room 409.