



Overlapping Course Form

OVERLAPS MAY NOT BE MORE THAN 10 MINUTES

Please send this completed form and all documentation from your AVC student email to registration@avc.edu

Part I: Student Information

Name: _____

Student ID: 900 - _____ - _____

Year: 20__ Summer Fall Spring Intersession

Phone Number: _____

Part II: Student Statement

Explain the reason for requesting a time overlap for the courses listed below. An inconvenience of schedule is not acceptable.

Part III: Instructor Approval

Course Pending Enrollment

CRN: _____ Subject /Course: _____

Time: _____ Days: _____

Overlapping Course (not more than 10 minutes)

CRN: _____ Subject /Course: _____

Time: _____ Days: _____

To Be Completed by the Instructor: Indicate how the student will make up the time for the overlap in the course not attended as Scheduled at some other time during the same week under your supervision.

To Be Completed by the Instructor: Indicate how the student will make up the time for the overlap in the course not attended as scheduled at some other time during the same week under your supervision.

Instructor Signature: _____

Date: _____

Instructor Signature: _____

Date: _____

Part IV: Admissions and Records Approval

Approved

Denied

Comments:

Dean, A&R Signature: _____

Date: _____

For Office Use Only:

AVC Admissions & Records Signature _____

Date _____