



# Overlapping Course Form

**\*\* OVERLAPS MAY NOT BE MORE THAN 10 MINUTES \*\***

## 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. Inconvenience of schedule is not acceptable.

\_\_\_\_\_  
\_\_\_\_\_

## Part III: Instructor Approval

<b>Course #1 - Currently Enrolled</b>
CRN: _____ Subject / Course: _____
Time: _____ Days: _____

<b>Course #2 - Pending Enrollment</b>
CRN: _____ Subject / Course: _____
Time: _____ Days: _____

**To Be Completed by the Instructor:** Indicate how the student will physically make up the missing class time to ensure course requirements are met.  
Make up time should be during the same week under your supervision.  
(ie: stay late, arrive early, meet during office hours)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Be Completed by the Instructor:** Indicate how the student will physically make up the missing class time to ensure course requirements are met.  
Make up time should be during the same week under your supervision.  
(ie: stay late, arrive early, meet during office hours)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This completed form should be returned to Enrollment Services either in person or via email: [registration@avc.edu](mailto:registration@avc.edu)*

## Part IV: Admissions and Records Approval (for Enrollment Office use only)

Comments: \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
\_\_\_\_\_

Dean / Director Enrollment Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Services Processing Signature: \_\_\_\_\_ Date: \_\_\_\_\_