



Riverside Community College District

Approval for Overlapping Classes

TO BE COMPLETED BY STUDENT:

Term _____ **Year** _____ **Date** _____

Fall Winter Spring Summer _____

Student Number _____ Name _____
Last First Middle

#1 Section No. _____ Course Name _____ Time _____ Day _____ Instructor _____

#2 Section No. _____ Course Name _____ Time _____ Day _____ Instructor _____

Class To Be Made Up _____

TO BE COMPLETED BY INSTRUCTOR: Must specify exact days/times student is to meet with instructor of class to be made up.

FOR ESL/CNED CLASSES ONLY: Attendance will not be claimed for overlapping portion of CNED class (positive attendance.)
During overlapping time period, student will attend:

Section Course No. _____

*Student Attendance Accounting Manual. The college may permit the overlapping schedule if:

a) Rational justification on a student-by-student basis can be established and can be documented, and

b) The College maintains documentation that each student made up the hours of overlap in the course partially or wholly not attended as scheduled at some other time during the same week under appropriate supervision.

Student Signature

Instructor's Signature (class to be made up)

Dean of Instructions's Signature