

## Admissions & Records Approval for Overlapping Classes

ast Name		First Name	M.I. R	CCD ID# or SSN	
umber and Street	\ \	Apt# City		State	Zip
te of Birth Pł	hone Number	RCCD	Student Email Address		
erm/Year: SUM	FALWIN	SPR	Today's Date	:	
Section Number:	Course Name:	Time:	Days:	Instructor: _	
Section Number:	Course Name:	Time:	Days:	Instructor: _	
lass to be made u	p:				
To Be Completed Must specify exact days	By Instructor: s/times student is to meet	with instructor of cla	ss to be made up.		
,					
	<b>sses Only:</b> Attendance wi			NED class (positiv	e attendance.)
During overlapping tim	e period, student will atte	end Course Name and Sec			
Student Signature:				Date:	
	*****	*FOR OFFICE USE	ONLY**************	***	
a. Rational justifica b. The College ma	counting Manual: The college ation on a student-by-studen intains documentation that e	t basis can be established each student made up the	l and can be documented, a		
	some other time during the	same week under appro			olly not attende
Instructor's Signature (class t		same week under appro			olly not attend