

**OVERLAPPING CLASSES PERMIT**

**California Title V Regulations - § 55007. Multiple and Overlapping Enrollments.**

(b) A district may not permit a student to enroll in two or more courses where the meeting times for the courses overlap, unless the district has established and incorporated into its attendance accounting procedures adopted pursuant to section 58030 a mechanism for ensuring that the following requirements are satisfied:

- (1) the student provides a sound justification, other than mere scheduling convenience, of the need for the overlapping schedule;
- (2) an appropriate district official approves the schedule;
- (3) the college maintains documentation describing the justification for the overlapping schedule and showing that the 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 the supervision of the instructor of the course.

**Part I: TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First M

SID: S000 Ph: \_\_\_\_\_ COS E-mail: \_\_\_\_\_@ins.siskiyous.edu

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

CRN	COURSE NAME	START/END DATE OF CLASSES	DAYS	TIME	INSTRUCTOR	CHECK CLASS TO BE MADE UP	WEEKLY TIME TO BE MADE UP
7000	THEA 1000	8/19/14-10/31/14	TTH	2:30-5:20	Shaw, GB	X	20 minutes
7001	ENGL 1100	8/19/14-12/20/14	TTH	5:00-6:50	Dickens, C		

*Please Note: if both instructors are making accommodations for making up time, that the student should fill out two forms and make a separate plan with each instructor.*

Justification for the request (Note: Scheduling convenience is NOT sufficient justification.)

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date

**Part II: TO BE COMPLETED BY INSTRUCTOR OF OVERLAPPING CLASS:**

Plan for makeup of missed time for overlap (Attach additional pages if necessary.):

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

*As instructor of the overlapping class, I understand that I am required under California Title V Regulation 55007 B3, to provide documentation "that the student made up the hours of overlap." I understand that the completed and signed log is an official record of attendance and I will submit the detailed log with my back up at the end of the semester to the Enrollment Services Office.*

\_\_\_\_\_  
Signature of Instructor of Overlapping Class Date

Plan has been reviewed and approved by : \_\_\_\_\_  
Signature of Area Dean of Overlapping Class Date

**LOG OF MEETINGS – OFFICIAL RECORD OF ATTENDANCE  
TO BE SUBMITTED TO ENROLLMENT SERVICES**

The overlapping instructor must establish a contract with the student to cover class minutes missed. On the log below, list dates, start and end times, and number of minutes you will meet with student. Once completed and signed, this log will be the official record of attendance and be kept on file for three years.

Semester \_\_\_\_\_ CRN \_\_\_\_\_ Course \_\_\_\_\_

Instructor Name \_\_\_\_\_ Student Name \_\_\_\_\_

Date of Meeting	Start Time	End Time	Minutes*	Student Initials	Instructor Initials
Example: 08/22/14	2:30	2:40	10	MW	WS

*Minutes must be at least equal to the overlapping minutes missed during the semester.*