ENROLL IN OVERLAPPING CLASSES



CLASS No. 1 (Currently enrolled):

Course Name

Elementary Algebra

CRN

31329

Check Appropriate College

Admissions Cañada College 4200 Farm Hill Boulevard Redwood City, CA 94061 Phone: (650) 306-3226 Click <u>Here</u> to Submit Admissions College of San Mateo 1700 West Hillsdale Blvd. San Mateo, CA 94402 Phone: (650) 574-6165 Click Here to Submit

Dates/Days/Time

1/21-05/19 TR 11:10 - 12:25

Admissions Skyline College 3300 College Drive San Bruno, CA 94066 Phone: (650) 738-4251 Click Here to Submit

Instructor's Name

Smith, Susan

Approval WILL NOT be granted in synchronous courses overlapping by more than 15 minutes.

| Indicate Term and Year: | Summer | Fall | Spring | Year: |
|---|--|-----------------|--|---|
| California Title V Regulations | | | | |
| § 55007. Multiple and Overlapping Enrollm | ents. | | | |
| (a) A community college district may not permit a stude unless the length of the course is such that a student may being enrolled in more than one section at any given tim course may be referred for individualized tutoring pursu and 58164. | enroll in two or e. Students needi | more sections o | f the same course of struction in the sub- | during the same term without bject matter while enrolled in a |
| (b) A district may not permit a student to enroll in tw district has established and incorporated into its atte for ensuring that the following requirements are satis | ndance accounti | | | |
| (1) the student provides a sound justification schedule; (2) an appropriate district official approves (3) the college maintains documentation describe student made up the hours of overlap in time during the same week under the superv | the schedule; cribing the justif the course partia | ication for the | overlapping scheo | dule and showing that |
| The completed form must be submitted to th will be registered in the class. | e Office of A | dmissions an | d Records. If a | pproved, the student |
| PART I: STUDENT INFORMATION | | | | |
| Student's ID# G: | _ | | | |
| Last Name | First Name | | | _ Middle |
| Mailing Address: | | | | |
| Phone Number: | Er | nail: | | |

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Course Number/Section

MATH 110 AA

CLASS No. 2 (Requesting to Add with overlapping schedules):

| CRN | Course Name | Course Number/Section | Dates/Days/Time | Instructor's Name |
|-------|-------------|-----------------------|----------------------------|-------------------|
| | | | (Official on WebSchedule) | |
| 45101 | Drawing I | ART 204 AA | 1/21-05/19 TR 12:10 - 1:25 | Anderson, Bob |
| | | | | |

Student's justification for request:

PART II: TO BE COMPLETED BY INSTRUCTOR OF OVERLAPPING CLASS:

| A. | 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." |
|----|--|
| B. | I will meet with the student weekly on the dates and times (start and end times) shown on the attached log (beginning with first meeting through end of semester). Instructor Initials |
| C. | I understand that the completed and signed log is an official record of attendance and must be submitted to the Admissions & Record office by the last day of the semester. Instructor Initials |
| D. | Instructor will establish a schedule with the student to cover class minutes missed within the same week. Instructor Initials |
| | LOG OF INSTRUCTIONAL PLAN – OFFICIAL RECORD OF ATTENDANCE |

LOG OF INSTRUCTIONAL PLAN – OFFICIAL RECORD OF ATTENDANCE TO BE SUBMITTED TO ADMISSIONS & RECORDS

The overlapping class 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 the student. Once completed and signed, this log will be official record of attendance and be kept in the student's record for auditing purposes.

| Date of Meeting | Start Time | End Time | Minutes* |
|--------------------|------------|----------|----------|
| Example: 1/30/2024 | 2:30PM | 2:40PM | 10 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

^{*} Minutes must be equal to the overlapping minutes missed during the semester. Use additional pages if necessary.

| Signature of Instructor of Overlapping Class | Date: | | | | | |
|--|--------------------|--------------|--|--|--|--|
| I agree to make up all time missed as indicated above by the class instructor. | | | | | | |
| Student's Signature | Date: | | | | | |
| ADMISSIONS AND RE | CORDS OFFICE USE (| ONLY | | | | |
| PART III: APPROVAL (Signature Required) | | | | | | |
| Registrar/Admissions Team Signature: | Approved | Denied Date: | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| Processed by: | Date: | | | | | |

Rev 02052024