



1 R U F R College

Approval for Overlapping Classes

TO BE COMPLETED BY STUDENT:

Term _____ Year _____ Date _____

X Fall X Winter X Spring X Summer _____

Student Number _____ Name _____
Last First Middle

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

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

XFOR 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