BARSTOW COMMUNITY COLLEGE
Contract for Overlapping Classes

_____ _____
Last Name First Name Student ID Number

_____ _____
Email Telephone Number

Current Course Enrolled In:	**Course Creating Overlap:**
Course Name:_____	Course Name:_____
CRN #_____ _____ _____	CRN #_____ _____ _____
20 ___ ☐SP ☐ SU ☐FA Start Date End Date	Start Date End Date
M T W TH F S SU TIME _____AM/PM	M T W TH F S SU TIME _____AM/PM

The student will miss_____ minutes each week, for a total of _____ hours for the duration of the course, (min. x mtgs. divided by 60).

PLEASE NOTE: Students may petition to enroll in courses with overlapping times, not to exceed ten minutes, if failure to enroll would prevent the student from completing the program of study in a timely manner. Students may not petition for overlapping enrollment for mere scheduling convenience.

By initialing next to each bullet below I acknowledge and understand what is required of this contract.

- Both the instructor and student must sign the contract. _____
- Complete one contract for each overlapping class._____
- Review of this contract will be done by the corresponding Division Dean and will take place within seven to ten (7-10) business days. _____
- Any contract may not exceed forty five (45) minutes for the duration of the semester. _____
- A detailed contract must outline how the missed time will be made up during the week in which the times was missed, (time made up must be face to face time with the instructor, not extra assignments). **Explanation Below.** _____

_____

_____

_____

"I agree to the above contract and to meet with the student outside of the class each week for the amount of time the student will miss during the normal class meeting. I understand that I must submit to Admissions and Records by the final grade submission deadline a signed roster inidcating how the student made up all of the missed class time".

_____ _____
Instructor's Signature Date

"I agree to the above contract and to meet with the instructor outside of class each week for the amount of time I will miss during the normal class period. I agree to be added into the course and will pay at the time I am registered."

_____
Student's Signature Date

Office Use Only

☐ Approved ☐ Denied ☐Resubmit

☐ Pre Term Submission
☐ Class Closed
☐ New Contract
☐ Too Much Time
☐Waitlisted

_____ _____
Director Of Enrollment Services Date

Comments:_____

Student/Instructor Notified: ☐Verbal ☐Email Date Notified: