



BARSTOW COMMUNITY COLLEGE

Contract for Overlapping Classes

Last Name First Name Student ID Number

Email Telephone Number

Current Course Enrolled In: Course Name: _____ CRN # _____ 20 ___ <input type="checkbox"/> SP <input type="checkbox"/> SU <input type="checkbox"/> FA Start Date End Date M T W TH F S SU TIME _____ AM/PM	Course Creating Overlap: Course Name: _____ CRN # _____ Start Date End Date M T W TH F S SU TIME _____ AM/PM
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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 indicating 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	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Resubmit	<input type="checkbox"/> Pre Term Submission
_____ Director Of Enrollment Services Date	<input type="checkbox"/> Class Closed
Comments: _____	<input type="checkbox"/> New Contract
Student/Instructor Notified: <input type="checkbox"/> Verbal <input type="checkbox"/> Email	<input type="checkbox"/> Too Much Time
	<input type="checkbox"/> Waitlisted
	Date Notified: _____