

## PALOMAR COLLEGE REQUEST FOR APPROVAL OF OVERLAPPING CLASSES

### California Title V Regulations

#### § 55007. Multiple and Overlapping Enrollments.

(a) A community college district may not permit a student to enroll in two or more sections of the same credit course during the same term unless the length of the course is such that a student may enroll in two or more sections of the same course during the same term without being enrolled in more than one section at any given time. Students needing additional instruction in the subject matter while enrolled in a course may be referred for individualized tutoring pursuant to section 58170 or supplemental learning assistance pursuant to sections 58172 and 58164.

(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

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

CLASS NUMBER	CLASS NAME AND NUMBER	BEGIN/END DATES OF CLASS	DAYS OF CLASS	TIMES OF CLASS	INSTRUCTOR	CHECK CLASS TO BE MADE UP	WEEKLY TIME TO BE MADE UP
Example: 12345	PE 115	8/23/04-12/17/04	T	2:30-5:20	M. Nguyen	X	20 minutes
Example: 67890	MATH 110	8/23/04-12/17/04	TTh	5:00-6:50	A. Martinez		

**Justification for the request (Note: Scheduling convenience is not sufficient justification. Attach additional pages if necessary.)**

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**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.”**  
 \_\_\_\_ *Instructor Initials*
- 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 will submit the detailed log, complete with my signature and that of the student on the last day of the semester to the divisional dean. \_\_\_\_ *Instructor Initials*
- D. I understand that the completed and signed log is an official record of attendance and must be submitted to the Divisional Dean by the last day of the semester. \_\_\_\_ *Instructor Initials*

Signature of Instructor of Overlapping Class	Date

Signature of Student	Date

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**PART III: AUTHORIZING SIGNATURES:**

Department Chair	Date

Division Dean	Date



**LOG OF MEETINGS – OFFICIAL RECORD OF ATTENDANCE**  
**TO BE SUBMITTED TO DIVISIONAL DEAN**

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. Student will submit form to division dean for approval. It will be reviewed and returned to the instructor. Student and instructor will sign the form following each meeting. Instructor will submit the form to division dean on the last day of the semester. Once completed and signed, this log will be the official record of attendance and be kept on file by the dean for three years.

Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date of Meeting	Start Time	End Time	Minutes*	Signature of Student	Signature of Instructor
<b>Example: 10/17/12</b>	<b>2:30</b>	<b>2:40</b>	<b>10</b>		

**\*Minutes must be at least equal to the overlapping minutes missed during the semester.** Use more pages if necessary.

Plan has been reviewed and approved by: \_\_\_\_\_  
Signature of Division Dean Date