



Time Conflict Approval Form

Please print clearly

Name: _____ Student ID Number: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Instructions: Students requesting permission to have a time conflict must obtain the signatures of the professor and area dean for the course that will experience the missing time. **A specific plan for making up the missing time must be described.** The completed form must then be returned to the Admissions & Records Office by the student. Permission numbers are also required for enrollments in closed courses.

Semester: Summer Fall Spring Year: _____

Here is the Professor's/Student's pre-arranged plan for making up the missing time:

Student's Signature: _____ Date: _____

▶ Course Missing Time: _____ (Example: SPAN 401)

Professor's Signature: _____ Area Dean's Signature: _____

Once the form is completed, students may send **from their Los Rios email account** to: admissions@crc.losrios.edu for processing.

For Admissions & Records Office Use Only

Approved Denied No Action

Administrator's Signature/Date: _____

§ 55007. Multiple and Overlapping Enrollments (Title 5, California Code of Regulations)

(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.