

CALIFORNIA STATE UNIVERSITY, LOS ANGELES



College of Engineering, Computer Science and Technology
Department of Computer Science

COURSE OVERLAP/OVERRIDE PETITION

Quarter: Fall Winter Spring Summer Year: _____

CIN: _____

Last Name: _____ First Name: _____

Is requesting permission to register for the following two courses that overlap.

1) _____
Department and Course #

2) _____
Department and Course #

Day and time

Day and time

Professor's Signature

Professor's Signature

Student will make up time/work by completing the following:

Chair's Signature

Date

Associate Dean's Signature

Date

*After obtaining all signatures, please submit this form to Administration Building, Rm. 409.
Submit a copy to your department office.*