



SCHEDULE CONFLICT OVERRIDE PETITION

Instructions for Student:

- This petition must be submitted to the Registrar's Office during the general registration period or the add/drop period. The Registrar's Office will assist students to enroll in the listed courses.
- Students must also obtain a permission number from the class instructor or the department office in order to register for classes that are full or that require special consent.
- Individual colleges may limit the permitted overlap time.

Name _____ Quarter _____
Last First MI

Bronco ID _____ Major _____

Cal Poly Pomona Email _____ Phone Number _____

Student: I understand that the meeting times of the two classes listed below overlap. In addition, I understand that if this petition is approved I am responsible for all assigned work in both classes.

Student's Signature _____ Date _____

NOTE TO INSTRUCTORS: Your signature indicates that you have worked out a plan, acceptable to all parties, that allows the student to enroll in both courses and complete all assigned work.

Conflicting Course 1: _____
Course No. Subject Catalog No. Section No. Meeting Day/Time

Instructor's Name (printed) _____ Instructor's Signature _____ Date _____

Summary of Plan

Conflicting Course 2: _____
Course No. Subject Catalog No. Section No. Meeting Day/Time

Instructor's Name (printed) _____ Instructor's Signature _____ Date _____

Summary of Plan

Department Chair for Student's Major

Approval
 Disapproval _____ Signature _____ Date _____

Dean of College offering Course 1

Approval
 Disapproval _____ Signature _____ Date _____

Dean of College offering Course 2

Approval
 Disapproval _____ Signature _____ Date _____