ADMISSIONS & RECORDS OFFICE

570 Golden Eagle Ave., Quincy, CA 95971
(530) 283-0202 – Fax (530) 283-9961

Overlapping Classes Form

Date_____ FRC ID# OR SS #: _____-_____-_____

_____

Last Name First Initial

Semester of Overlapping Class: ❑ Fall ❑ Spring ❑ Summer 20_____

Course Enrolling for Full Hours:

_____/_____/_____/_____

Number and Title CRN # Days Time

Course Overlapping (missing hours):

_____/_____/_____/_____

Number and Title CRN # Days Time

This overlap results in _____ hour(s)/minute(s) missed per class by the student for the duration of the course which is a total of _____ hour(s)/minute(s) missed.

Student's Signature _____

INSTRUCTOR

Please list dates/days and times the student will meet to make up the hours missed due to the overlap in your class.

Dates/Days	**Times**
_____	_____
_____	_____
_____	_____

Total Hours Made Up: _____

_____ _____

Instructor's Signature (missing hours) Date

RECORDS OFFICE USE ONLY

Processed by_____ Date_____