

*California State University, Los Angeles*  
*College of Engineering, Computer Science, and Technology*  
*Department of Electrical and Computer Engineering*

**Course Overlap/Override Petition**

TERM: \_\_\_\_\_

Name of Student \_\_\_\_\_ CIN \_\_\_\_\_  
is requesting permission to register for the following two courses that overlap.

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Department and Course #                      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 if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approvals:**

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean \_\_\_\_\_ Date \_\_\_\_\_

After obtaining all signatures, please submit this form to Administration Building, Room 409.