

PLEASE RETURN FORM TO:

Registrar's Office
Old Main 103
181 White Street
Danbury CT 06810
FAX: 203-837-9049

OVERLAP FORM

I request an overlap for the Fall Spring Summer Intersession 20_____

Name: _____ Student ID#: _____

Major: _____

Current Standing: Freshman Sophomore Junior Senior

Courses to overlap:

Course #1: _____
CRN / Subject / Course / Section / Course Title / Time of class

Course #2: _____
CRN / Subject / Course / Section / Course Title / Time of class

For Faculty:

I am aware of a course overlap for the above listed student and that the student will be arriving late for or leaving early from my class. I give my permission for them to be enrolled in the above listed course.

Instructor Name (please print)

Class

Instructor Signature

Date

THIS IS NOT AN OVERRIDE FORM