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TIME CONFLICT REQUEST

Students cannot enroll in two or more classes where the meeting times for the classes overlap, except for extenuating circumstances. Students who request a time conflict must provide a sound justification, other than mere scheduling convenience, of the need for the overlapping schedule (5 CCR § 55007).

Students must arrange with the instructor to make up the missed class time during the same week that time was missed. All sections must be filled out and signed by the student and instructor of the missed class. Requests must be submitted prior to the deadline to add classes. **Overlaps cannot exceed 15 minutes total each week.** **Scheduling convenience is not acceptable.**

Name: _____ Student ID#: _____

Phone #: _____ Home College: ☐ Yuba College ☐ Woodland Community College

Enrollment Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

	COURSE CODE	COURSE TITLE	INSTRUCTOR	DAYS	CLASS TIMES	TIME MISSED
Ex #1:	ART-5-D9041	Art Appreciation	E. Degas	MW	9:15-10:05am	5 min per class
Ex #2:	CHEM-1A-D9156	General Chemistry	M. Curie	MW	10:00-11:15am	
#1:						
#2						

COMPLETED BY THE STUDENT:

My extenuating circumstance for this request is:

Student Signature: _____ Date: _____

COMPLETED BY THE INSTRUCTOR OF THE OVERLAPPING CLASS:

Document how and when the time missed from your course will be made up by this student.

COURSE CODE	INSTRUCTOR	MAKE UP DAYS AND TIMES	COMMENTS
Ex: ART-5-D9041	E. Degas	MW 9:10-9:15am	Will meet with student 5 minutes before each class to review missed work.

Per Title 5 (5 CCR § 55007), the college may permit an overlapping schedule if (a) rational justification (scheduling convenience is not acceptable) can be established and documented, and (b) the faculty maintains documentation “showing that the student made up the hours of overlap in the course partially or wholly not attended as scheduled at some other time during the same week under the supervision of the instructor of the course.” The faculty is responsible for maintaining documentation.

Instructor Signature: _____ Date: _____

OFFICE USE ONLY: Processed by: _____ Date: _____