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TIME CONFLICT REQUEST

Students cannot enroll in classes where the class meeting times overlap, except for extenuating circumstances. Students must provide a sound justification other than mere scheduling convenience for the overlapping schedule per CA Title 5 (5 CCR § 55007). Requests must be submitted prior to the deadline to add classes. Overlaps cannot exceed 15 minutes total each week. **Scheduling convenience is not acceptable.** Missed class time must be made up during the same week that time was missed.

STUDENT AGREEMENT

Name: _____ Student ID#: _____

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

Enrollment Term: Fall Spring Summer Year: _____

	COURSE	COURSE TITLE	INSTRUCTOR	DAYS	CLASS TIMES	WEEKLY TIME MISSED
Ex #1:	ART-5-M9041	Art Appreciation	E. Degas	MW	9:15-10:05am	10 min
Ex #2:	CHEM-1A-M9156	General Chemistry	M. Curie	MW	10:00-11:15am	-
#1:						
#2:						

My extenuating circumstance for this request is:

I understand that I am required to make up the time missed during the same week as arranged with the instructor of the course from which I will be missing hours.

Student Signature: _____ Date: _____

INSTRUCTOR AGREEMENT

NOTICE TO INSTRUCTORS: Per Title 5 (5 CCR § 55007), the College may permit an overlapping schedule if (a) rational justification can be established and documented (scheduling convenience is not acceptable), 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."

Document how and when the time missed from your course will be made up by this student. You will be required to meet with the student each week for the time missed that week. **Title 5 requires that faculty maintain documentation of the make-up times.**

COURSE	INSTRUCTOR	MAKE UP DAYS AND TIMES	COMMENTS
Ex: ART-5-D9041	E. Degas	Wednesdays 9:05-9:15am	Meet 10 minutes before class to review missed work.

By signing this form, I am authorizing the overlapping time conflict in my class (listed above). I certify that I will document the time made up. Additionally, I am agreeing to teach the make-up time at no further cost to the District. I understand I am responsible for completing the Time Conflict Log and submitting it to Admissions and Records by the final grade deadline for the term.

Instructor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

OFFICE USE ONLY: Approved Denied A&R Administrator/District Registrar: _____

Processed by: _____ Date: _____

