



Admissions and Records

COLLEGE
OF THE
REDWOODS

Student Petition to Waive College Regulations
Course Conflict

Semester: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

Date _____ Student ID # _____

Name _____

Address _____

City/State/Zip _____

Telephone _____ Birthdate _____

Classes (inc. section #'s) in conflict and reason for request. Title 5, section 55007 requires "the student to provide sound justification, other than mere scheduling convenience, of the need for an overlapping schedule."

Student signature and date _____

Instructor Verification

State exactly how the student will make up the # of hours caused by the conflict.

This time must be made up each week under the supervision of the instructor of the course per Title 5, section 55007. For instance, if a student is missing 15 minutes, twice a week of your class, your verification might state, "Student X will make up 30 minutes of CHEM-1A with me on Tuesdays from 5:00-5:30pm."

Instructor signature and date _____

Office Use Only Approved Denied

Comments _____

Approving Official and date _____