



Overlapping Course Time Conflict Petition

Blue Mountain Community College
P.O Box 100, Pendleton, OR 97801
Office of Instruction, Pioneer Hall
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Students may be allowed to register for courses that overlap due to extenuating circumstances only. Approval must be granted before enrolling in any overlapping courses.

Instructions for Student:

1. Complete form and obtain instructor signatures for both courses in which you are requesting the petition for.
2. Submit form to Vice President of Instruction for review and approval.
3. If petition is approved, the Vice President of Instruction will submit this form to the Registrar's Office for processing.

<p>Reasons that constitute extenuating circumstances may include:</p> <ul style="list-style-type: none"> ▪ The student is graduating and needs the course to complete graduation requirements within the next year. ▪ There are no alternate sections of the course currently offered. ▪ The courses overlap no more than 20 minutes. <p>Reasons that are not considered extenuating:</p> <ul style="list-style-type: none"> ▪ Time conflicts due to the desire for a specific schedule when other options are available. ▪ A time conflict request will not be granted for courses that entirely overlap.

Course Term: ___ Summer (Jun-Aug) ___ Fall (Sep-Dec) ___ Winter (Jan-Mar) ___ Spring (Mar-Jun)

BMCC ID #: _____ - _____ **Student Name:** _____

<p>Please indicate why you are requesting an exception to register for courses that conflict.</p>
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Course currently registered in:

Course ID _____ Sec# _____ Day(s) _____ Time _____

Instructor Signature _____ Date _____

Course requesting to add that causes the conflict:

Course ID _____ Sec# _____ Day(s) _____ Time _____

Instructor Signature _____ Date _____

By signing below, I hereby consent to be registered for the course indicated above; and understand and agree that I will be responsible to pay all charges (including collection costs) incurred if the non-paid tuition and fees are referred to an outside collection agency.

Student Signature _____ **Date** ____/____/____

Office Use: APPROVAL (VP OR Designee Signature Required)

Vice President, Instruction _____

Approved Denied