

COLUMBIA COLLEGE OVERLAP APPROVAL REQUEST

Please Note: Overlaps are considered in the context of the following criteria:

- 1) Both courses are required for the completion of the degree
- 2) Both courses can only be taken in the semester requested
- 3) The overlap does not exceed 10- 15 minutes
- 4) **Please provide a rationale for this request on the back of this sheet.**
- 5) **This form must be submitted to 208 Hamilton Hall before the last day of registration to add courses**

Name _____ Email _____@columbia.edu

Advising Dean _____ Telephone # _____

Major _____ Exp. Graduation _____

The two overlapping classes are:

First course title	Second course title
Course number & department	Course number & department
Building & classroom	Building & classroom
Schedule: Days _____	Schedule: Days _____
Time: From _____ to _____	Time: From _____ to _____
How many minutes do the classes overlap and on which days?	

Student signature: _____ Date: _____

Note: Both professors must sign this form. A professor's signature indicates only that she/he is aware that the overlap is being requested.

Professor Signature

Professor Signature

Print Name

Ext. #

Print Name

Ext. #

Dean's approval signature: _____ Date: _____

Kathryn B. Yatrakis, Dean of Academic Affairs