

Petition for Simultaneous Enrollment

Class Attendance

It is the expectation of the College that students will attend all classes for which they have registered. Nevertheless, it is up to the individual department, faculty member or instructor, to set the attendance policy for their individual courses. Students should keep in mind that attendance at the first class is required in many courses to confirm enrollment.

Simultaneous Enrollment

Ordinarily, students may not enroll in courses whose class time overlaps given the expectation that all students attended courses for which they receive credit. However, in some cases, simultaneous enrollment may be permitted with the permission of both instructors and the approval of the Dean of Students in the College. Please note that students may never enroll themselves in courses with time overlaps through the registration system, even with an instructor's online consent.

Submit the completed form to collegeadvising@uchicago.edu.

PART A: TO BE COMPLETED BY STUDENT: Complete, sign, and submit to request simultaneous enrollment.

Name: _____
Last First Middle

UCID: _____ Year of Study _____ Adviser: _____

Quarter for which you are requesting simultaneous enrollment:

Autumn Winter Spring Academic Year: 20____ - 20____

Will you graduate at the end of this quarter: Yes No

Please state your reason for the simultaneous enrollment, including the amount of time overlap; please specify what portion of the courses overlaps, e.g. lecture, lab, discussion, film screening, etc:



Please provide the information for the overlapping courses:

<i>Dept. Abbrev. Course Number, Section</i>	<i>Course Title</i>	<i>Instructor</i>

In order to receive approval, you will need permission from both instructors to enroll in overlapping courses, and consent from the instructor of the course you need to add to join.

Please provide the information for the course **in which you need to be registered**:

<i>Dept. Abbrev. Course Number, Section</i>	<i>Instructor Email</i>	<i>Instructor</i>

Note: Please make sure all parts of sections A and B are complete before submitting to collegeadvising@uchicago.edu.

By submitting this form, I, the student, acknowledge that I have spoken to the instructors of both courses impacted by the time conflict and have received permission to enroll.

Signed: _____ Date: _____

Student signature

PART B: INSTRUCTOR CONSENT

To be filled out and signed by the instructor of the time conflict in which you wish to registered. If the instructor is unable to provide a signature, an email stating the below consent sent from the instructor's @uchicago email address is acceptable.

By signing below, I, the instructor acknowledge and approve this student to be enrolled in my course despite the time conflicting. I give consent for this student to be registered in this course:

<i>Dept. Abbrev. Course Number, Section</i>	<i>Course Title</i>	<i>Instructor</i>

Signed: _____ Date: _____
Instructor Signature

PART C: DEAN OF STUDENTS REVIEW – Staff Use Only

DOS Approved for simultaneous enrollment Yes No Any

additional comments:

Signed: _____ Date: _____
Asst. Director Signature