

## **College of Arts & Humanities**

## Course Overlap Approval Form

110 Sprowls Phone: 724-357-2397

Name			
my permission to	o obtain an override for t	ne following overlapping cou	rses:
Semester:			
ırse:	CRN #	Day/Time	<del></del>
Instructor's Signature		Date	
Course:	CRN#	Day/Time	
Instructor's Sig	nature	Date	

Instructions: After completing form and obtaining signatures of instructors of overlapping courses, submit to the College of Fine Arts office and await further instructions.