



THE UNDERGRADUATE  
 SCHOLASTIC STANDARDS COMMITTEE (USSC)  
 65-30 KISSENA BLVD., FRESE HALL – ROOM 201  
 FLUSHING, NY 11367  
 TELEPHONE: (718) 997-4486  
 EMAIL: QC\_USSC@QC.CUNY.EDU

<https://myqc.qc.cuny.edu/StudentLife/USSC/default.aspx>

**APPEAL TO REGISTER FOR OVERLAPPING COURSES**

Date Submitted to the USSC: \_\_\_\_\_ CUNYFirst ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Mailing Address: \_\_\_\_\_

Queens College Office 365 Email Address: \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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**INSTRUCTIONS FOR APPEALING TO REGISTER FOR OVERLAPPING COURSES**

Overlapping courses or course conflicts are courses whose meeting times are not at least five minutes apart. Academic Senate policy prohibits registration into courses with overlapping schedules or class meetings. Students will not be permitted to register for courses that overlap or conflict. **EXCEPTION:** Graduating seniors may request permission from the Undergraduate Scholastic Standards Committee (USSC)

In addition to your completing this appeal form, BOTH instructors (or chairpersons) must sign this form, acknowledging and approving your registration into their respective courses.

If the course you wish to be registered into is closed, a letter on departmental letterhead granting registration permission must accompany this appeal before the USSC can register you into the course. If prerequisites or corequisites are being waived by the department, a letter on departmental letterhead granting registration permission must accompany this appeal before the USSC can register you into the course.

If this appeal is approved, you will be registered into course #2 by the USSC. After submitting your completed appeal, wait 24 hours before checking your semester schedule on CUNYFirst. If you do not see that you are registered for course #2, please contact the USSC for information.

I have read and understand the instructions for appealing to register for overlapping courses. In addition, I agree that I will be responsible for all obligations associated with the overlapping courses plus any additional conditions that the respective departments have imposed.

Student Signature: \_\_\_\_\_ Date Submitted to the USSC: \_\_\_\_\_

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**USSC USE ONLY:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Email Sent: \_\_\_\_\_

INSTRUCTIONS FOR APPEALING TO REGISTER FOR OVERLAPPING COURSES (CONTINUED)

Please use the space below to fully explain the reason why you are requesting permission to register for overlapping courses and why you are not able to take course #2 at a later date:

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COURSE #1  
(Already registered)

COURSE #2  
(Needs to be registered)

Course and Number	_____	_____
Course Code	_____	_____
Instructor's Name	_____	_____

These courses overlap by \_\_\_\_\_ minutes on the following days: \_\_\_\_\_

If approved, I will be registered for \_\_\_\_\_ equated credits for the \_\_\_\_\_ semester.

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**TO BE COMPLETED BY THE INSTRUCTOR/CHAIRPERSON OF COURSE #1 (Already registered)**

This student has received departmental permission to register for overlapping courses during the semester indicated above. The department and student have agreed that the student will be responsible for all obligations associated with the course plus any additional conditions that the department has imposed.

Instructor's/Chairperson's Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Instructor's/Chairperson's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Academic Department: \_\_\_\_\_ Course & Number: \_\_\_\_\_ Course Code: \_\_\_\_\_

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**TO BE COMPLETED BY THE INSTRUCTOR/CHAIRPERSON OF COURSE #2 (Needs to be registered)**

This student has received departmental permission to register for overlapping courses during the semester indicated above. The department and student have agreed that the student will be responsible for all obligations associated with the course plus any additional conditions that the department has imposed.

Instructor's/Chairperson's Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Instructor's/Chairperson's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Academic Department: \_\_\_\_\_ Course & Number: \_\_\_\_\_ Course Code: \_\_\_\_\_