

**COLLEGE OF ENGINEERING
EXCEEDS ENROLLMENT HOURS LIMIT
*Undergraduates Only***

Submit this form to the Student Record's Office, Bell Engineering 3189

Date: _____

Name: _____
Last First MI

University ID Number _____ Email _____

Term: **Spring Summer Fall** _____ **Major** _____
Year

Total number of hours you wish to enroll in this semester _____

*****Student is responsible for enrolling in all courses after request is approved*****

List all courses you want to take during the *fall* or *spring*.

<u>Subject</u>	<u>Course #</u>	<u>Title</u>	<u>Currently Enrolled</u>	
			<u>Yes</u>	<u>No</u>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

List all courses you want to take during the *summer*.

<u>Subject</u>	<u>Course #</u>	<u>Title</u>	<u>Summer Session</u>	<u>Currently Enrolled</u>	
				<u>Yes</u>	<u>No</u>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Advisor's Signature

Department Head's Signature

Dean's Signature