

**COLLEGE OF ENGINEERING  
REGISTRATION/OVERRIDE FORM**

*When completed, submit this form to the Student Records Office, Bell Engineering 3189*

Name: \_\_\_\_\_ Term: Year \_\_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_  
Last First MI Please Mark One

University ID: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Level:  Undergraduate  Graduate Major: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ISIS Class #	Subject	Catalog #		Section	Variable CR Hrs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lab or Drill
ISIS Class #	Subject	Catalog #	Suffix	Section	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lab or Drill
ISIS Class #	Subject	Catalog #	Suffix	Section	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CHECK THE REASON FOR THE OVERRIDE:**

- Time Conflict- with course: Subject \_\_\_\_\_ Catalog # \_\_\_\_\_  
**Instructor's signature of conflicting course** \_\_\_\_\_
- Pre or Co-Requisite
- Class Full (**Student Records Office must verify class enrollment before processing override**)
- Swap Sections: Class to be swapped \_\_\_\_\_
- Instructor permission needed
- Not Engineering Student (**Dean's approval required**) \_\_\_\_\_

\_\_\_\_\_  
 Instructor's Signature Date

\_\_\_\_\_  
 Department Head's Approval Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ISIS Class #	Subject	Catalog #		Section	Variable CR Hrs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lab or Drill
ISIS Class #	Subject	Catalog #	Suffix	Section	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lab or Drill
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Comments: \_\_\_\_\_  
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