

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: _____

UA Connect Nbr Subject Catalog Nbr Section Variable CR Hrs

UA Connect Nbr Subject Catalog Nbr Suffix Section Lab or Drill

UA Connect Nbr Subject Catalog Nbr Suffix Section Lab or Drill

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
- 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

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