**COLLEGE OF ENGINEERING**
**REGISTRATION/OVERRIDE FORM**

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

Name: ____________________________________________

Last First MI

Term: Year____ Spring ___ Summer ___ Fall____

Please Mark One

University ID: __________________________ Email: ________________________

Credit Level: ☐ Undergraduate ☐ Graduate Major: __________________________

<table>
<thead>
<tr>
<th>UA Connect Nbr</th>
<th>Subject</th>
<th>Catalog Nbr</th>
<th>Section</th>
<th>Variable CR Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab or Drill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>UA Connect Nbr</th>
<th>Subject</th>
<th>Catalog Nbr</th>
<th>Section</th>
<th>Variable CR Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab or Drill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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