

**COLLEGE OF ENGINEERING
REGISTRATION/OVERRIDE FORM**

Please save this form and then edit. When completed, email this form to the instructor of the class

Name: _____ Term: Year _____ Spring ____ Summer ____ Fall ____
Last First MI Please Mark One

University ID: _____ Email: _____

Credit Level: Undergraduate Graduate Major: _____

ISIS Class #	Subject	Catalog #		Section	Variable CR Hrs

ISIS Class #	Subject	Catalog #	Suffix	Section	Lab or Drill

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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

I certify that I have no holds on my account in ISIS before submitting this form