

COLLEGE OF ENGINEERING REGISTRATION/OVERRIDE FORM

My enrollment date is:

Student Email: _____

This field must be complete or your override will not be processed.

Last Name:

First Name:

Term: Year Spring Summer Fall University I.D. Number

Credit Level: Undergraduate Graduate Major

UA Connect # Subject Catalog # Section Variable CR Hrs

UA Connect # Subject Catalog # Suffix Section Lab Drill

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PLEASE CHECK THE REASON FOR THE OVERRIDE:

Time Conflict - with course: Subject Catalog #

Instructor's Signature of the 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.)

Comments:

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

Instructor's Signature

Date

Department Head's Approval

Date
