COLLEGE OF ENGINEERING REGISTRATION/OVERRIDE FORM

My enrollment date is:

	Student Email:						
This field must be complet	e or your override will not be pr	ocessed.					
Last Name:		First Name:					
Term: Year	Spring	Summer	Fall	University I.D. Number			
Credit Level:	Undergraduate	Graduate		Major			
UA Connect #	Subject	Catalog #			Section	Variable	e CR Hrs
UA Connect #	Subject	Catalog #		Suffix	Section	Lab	Drill
UA Connect #	Subject	Catalog #		Suffix	Section	Lab	Drill
PLEASE CHECK	THE REASON F	OR THE OV	ERRIDE	<u>:</u>			
Time Conflict -	with course: Sul	oject	Ca	talog #			
Ins	tructor's Signature o	of the conflicti	ng course	o:			
Pre or Co-Req	uisite						
Class Full (Stu	dent Records Office	must verify o	lass enro	llment before p	rocessing over	ride.)	
Swap Sections	: Class to be swapp	ed					
Instructor perm	nission needed						
Not Engineerin	g Student (Dean's a	pproval requi	red.)				
Comments:							
	at I have no holds (this form	
Instructor's Signature		Date	Date Department Head's Approval				Date