My enrollment date is:

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

Instructor's Signature

COLLEGE OF ENGINEERING REGISTRATION/OVERRIDE FORM

Last Name:	First Name:						
Term: Year	Spring	Spring Summer Fall		University I.D. Number			
Credit Level:	Undergraduate	Graduate		Major			
UA Connect Class #	Subject	Course #			Section	Variable	CR Hrs
UA Connect Class #	Subject	Course #		Suffix	Section	Lab	Drill
UA Connect Class #	Subject	Course #		Suffix	Section	Lab	Drill
PLEASE CHECK T	THE REASON FO	OR THE OVE	ERRIDE:				
Time Conflict - with course: Subject Course #							
Instructor's Signature of the conflicting course:							
Pre or Co-Requisite							
Class Full (Questions - Contact Student Records Office)							
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							

Date

Department Head's Approval

Date