# COLLEGE OF ENGINEERING
# REGISTRATION/OVERRIDE FORM

Last Name:                                        First Name:

Term: Year            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 |
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## PLEASE CHECK THE REASON FOR THE OVERRIDE:

Time Conflict - with course:        Subject                Course #

        Instructor's Signature of the conflicting course:

Pre or Co-Requisite

Class Full

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