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

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

Mechanical Engineering Students - Submit to meeg@uark.edu