



Department of Electrical and Computer Engineering

OVERRIDE REQUEST FORM



Student Name: _____ Classification: _____

ID #: _____ Semester: _____

Major: _____ E-mail: _____

This form must be completed for all ECEN courses that require an override. Please complete the form and return in to Mrs. Amanda Hughes (McNair 547).

Note: **Approval from the course instructor is required for admittance into courses that have reached capacity.** **Capacity overrides must be completed by the course instructor.*

Override Request

CRN	Dept. Abbrev.	Course #	Section #	Credit Hours	Times	Days	Comments
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	

Check all that apply:

Course has reached capacity.*

I have previously taken the co-requisite.

System states prerequisite has not been met.

My classification/major prevents registration.

I have previously passed the prerequisite.

Other: _____

DO NOT WRITE BELOW THIS LINE

Approved By: _____ Date: _____
Amanda R. Hughes, Director of Student Services

Approved By: _____ Date: _____
Instructor