

Section A: STUDENT – Please complete this section in full.

PLEASE NOTE: This is NOT a registration form. The STUDENT is responsible for registration through their Department.

Name: _____
(Last name) (Given name)

Student #: _____ Faculty/Dept.: _____

Phone #: _____ Cell #: _____

UofM E-mail Address: _____

Section B: COURSE INFORMATION – This section is to be completed by the student with the assistance of the ECE Undergraduate Advisor.

Term: Fall 202____ Winter 202____ Summer 202____

Course #: _____ Course Name: _____

Lecture: Section: _____ CRN: _____ Laboratory: Section: _____ CRN: _____

Section C: AUTHORIZATION – This section must be approved by the Department Head or designate.

Limited Access Override (**Override is only available 3 or more terms after the course was last attempted / VWd.**)

Major Restriction Override College Restriction Override Program Restriction Override

Lack of appropriate Prerequisite/Co-requisite (for Engineering courses only) (**Instructor Approval Required**)

Prerequisite Course Equivalent: _____

Co-requisite Course Equivalent: _____

Space/Capacity Override (for Engineering courses only) (**Department and/or Faculty Approval Required**)

Allow Time Conflict

Section Change: From _____ To _____

Other _____

Faculty Guidelines: It is NOT the policy of the Price Faculty of Engineering to waive prerequisite requirements or to allow a student to substitute course equivalents; however, it is recognized that in UNUSUAL circumstances it is in the best interest of the student to do so. Any waiver of prerequisites or co-requisite courses **must** have instructor approval.

OFFICE USE ONLY:

Permission: Granted Denied

Instructor: _____ Date: _____

Dept/Faculty Representative: _____ Date: _____

Comments: _____