

ENGINEERING PERMISSION FORM

STUDENT NAME: _____ STUDENT NUMBER: _____

EMAIL ADDRESS: _____

PLEASE CIRCLE THE APPLICABLE SESSION: Fall/Winter Spring/Summer

Course Prerequisite Waiver

This approval is required if you do not have the academic prerequisites to register for a course or stay in a course.

Course prerequisites are found in the Course Section of the Undergraduate Calendar.

Course: _____

Instructor Name: _____
(please print name)

Instructor Signature: _____

Date: _____

Required Permission

This approval is required if the course for which you wish to register requires permission of the department.

Course: _____ Term: _____

_____ Dept Signature: _____
DEPARTMENTAL AUTHORIZATION (Please Print NAME)

Date: _____

Program Unit Overload – *Number of units over the maximum allowable for the program as stated in the Undergraduate Calendar*

PROGRAM _____ LEVEL _____ MAXIMUM UNITS _____

Requested overload- *Above maximum units allowable for program* _____

Name: _____ Dept Signature: _____
DEPARTMENTAL AUTHORIZATION (Please Print NAME)

Date: _____

THIS SECTION IS TO BE COMPLETED IF YOU DO NOT REQUIRE A PROGRAM UNIT OVERLOAD

Term Unit Overload - *Number of units required above 21*

Term 1: _____ Term 2: _____

Name: _____ Dept Signature: _____
DEPARTMENTAL AUTHORIZATION (Please Print NAME)

Date: _____

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