Prerequisite Override Form – Electrical and Computer Engineering

Date: ____________________

For which semester is the requested registration? ____________________

Student name: ____________________________________________

Student B-Number: _________________________________________

Student email address: ______________________________________

Course name and number: _______________________________ CRN: ________

Lab CRN (if a lab is involved): _________________________________

Prerequisites: ______________________________________________

Prerequisites met: ___________________________________________

Reason student should be allowed to be registered for the course:

ECE Advisor: (Please print name)

_________________________________________________________

Signature of ECE Advisor:

_________________________________________________________

If you do not know who your advisor is, see the bulletin board in ECE.

(Instructions: Please see your advisor for signature, then give this form to the ECE Secretary)