REQUEST FOR REGISTRATION OVERRIDE

COLLEGE OF ENGINEERING
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

Student Name: _____ **Student ID:** _____

Semester: ☐ **Fall**   ☐ **Spring**   ☐ **Summer**   **Email:** _____

Year: _____ **Phone:** _____

Course: _____ _____
Department   Course Number

Choose Override	**Justification for override request:**
Prerequisite ☐	
Co-requisite ☐	
Time Conflict ☐	
Major ☐	
Level ☐	
Class ☐	
Special Approval ☐	

Student Signature: _____ **Date:** _____

CUE^2 Recommendation	**Justification for recommendation:**
Recommended ☐	
Not Recommended ☐	

Advisor Name _____   Advisor Signature _____   Date

Department Decision	**Justification for decision:**
Approved ☐	
Denied ☐	

Chair/Designee Name _____   Chair/Designee Signature _____   Date

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Return to Center for Undergraduate Engineering Education in Engineering Building 157 for processing.

Processed by _____