

**Watson School of Engineering and Applied Sciences
Department of Biomedical Engineering
Registration Override Form**

When completed, submit this form to the Watson Student Advising Office, EB-M00

Name _____ Term Year _____ Spring Summer Fall
 Last First MI

B Number _____ Email _____

Cumulative GPA _____ Undergraduate _____ Graduate _____ Major: _____

Subject

Course #

CRN

Section

Subject

Course #

CRN

Section

Pre- or Co-Requisites (list course # and title) _____

Comments: _____

Note: It is the instructor's responsibility of assessing whether the student who applies for overriding is prepared well for the class. It is also the students' responsibility of taking any remedial courses to prepare for the class.

Instructor's Signature _____ **Date** _____

UG or Grad Director Approval _____ **Date** _____

Student Record updated by Watson Advising _____ **Date** _____