Prerequisite Override Form – Electrical and Computer Engineering

Date: _____ Semester of registration requested? _____

Student name: _____

Student B-Number: _____

Student email address: _____

Course name and number: _____

CRN: _____ Lab CRN (if lab is involved): _____

Prerequisite Missing: _____

Substitute Course Completed: _____

INSTRUCTOR TO COMPLETE: Reason student should be allowed to be registered for course

☐ *Check box if verification is needed.

(Student may be dropped from course at any time if verification is not provided)

Signature of Student: _____

Signature of ECE Instructor: _____

Signature of ECE UG Director: _____

(After instructor signs, form goes to Department Administrative Assistant for processing)

Rev. 6/9/2022