ENGINEERING PERMISSION FORM

PLEASE INDICATE THE APPLICABLE SESSION:
☐ Fall/Winter
☐ Spring/Summer

STUDENT NAME: _________________________________  STUDENT NUMBER: _______________

EMAIL ADDRESS: _________________________________

☐ Course Prerequisite Waiver

This approval is required if you do not have the academic requirements to register for a course. Course prerequisites are found in the Course Section of the Undergraduate Calendar.

Course: _________________________________
Instructor Name: _________________________________  Signature: _________________________________
(Please Print)  Date: ________________________________

☐ Required Permission

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

Course: _________________________________  If required:
Term: ________  ☐ Day ☐ Evening
Section: ________
Name: ___________________________________  Signature: _________________________________
DEPARTMENTAL AUTHORIZATION (Please Print)  Date: ________________________________

☐ Program Unit Overload

Request to overload above the required maximum units (as listed in the undergraduate calendar).

Total number of unit(s) overload: ________
Number of units required above 21 units for:
Term 1: ________
Term 2: ________
Name: ___________________________________  Signature: _________________________________
DEPARTMENTAL AUTHORIZATION (Please Print)  Date: ________________________________

FIPPA notice

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