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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