

ENGINEERING PERMISSION FORM

PLEASE INDICATE THE APPLICABLE SESSION: Fall/Winter Spring/Summer	
STUDENT NAME:EMAIL ADDRESS:	_ STUDENT NUMBER:
☐ Course Prerequisite Waiver	
This approval is required if you do not have the acader prerequisites are found in the Course Section of the Un	
Course:	
Instructor Name:	Signature:
(Please Print)	Date:
Required Permission This approval is required if the course for which you w Course: Name: DEPARTMENTAL AUTHORIZATION (Please Print)	rish to register requires permission of the department. If required: Term: Day Evening Section: Signature:
	Date:
☐ Program Unit Overload	Date:
Program Unit Overload Request to overload above the required maximum units	
Request to overload above the required maximum units	
Request to overload above the required maximum units Total number of unit(s) overload: Number of units required above 21 units for: Term 1:	

FIPPA notice

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