



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 academic requirements to register for a course. Course prerequisites are found in the Course Section of the Undergraduate Calendar.

Course: _____

Transcript attached: _____

Instructor Name: _____
(Please Print)

Signature: _____

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

Transcript attached: _____

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: _____

Plan for the year attached: _____

Number of units required above 21 units for:

Transcript attached: _____

Term 1: _____

Term 2: _____

Name: _____

Signature: _____

DEPARTMENTAL AUTHORIZATION (Please Print)

Date: _____

FIPPA notice

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