

## OVERRIDE FORM

Complete the information requested below and provide any necessary information such as MyMocsDegree or transcripts if the override is for Pre-requisite or Co-requisite. Then, turn in the form electronically to the correct department's administrative assistant. Once reviewed, an email will be sent notifying completion.

**Note: Students WILL NEED to REGISTER for the course if approved.**

Name: \_\_\_\_\_

UTC ID: \_\_\_\_\_

E-mail: \_\_\_\_\_

Major: \_\_\_\_\_

Semester: \_\_\_\_\_

Override Request: Please check the box that applies to the Pre-requisite or Co-requisite and Closed Class Columns

Classifica- tion Override:	Program Override:	Pre-Co- req.:	Closed Class:	Department:	Course No:	Section:	CRN:	Reason for Override:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

\_\_\_\_\_  
 Signature of Instructor DATE: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Department Head DATE: \_\_\_\_\_

Joseph Owino 436 EMCS	James Newman 430C EMCS	Ahad Nasab 347 EMCS	Ahmed Eltom 331C EMCS	Joe Dumas 313C EMCS
ENCE	ENME	ETCM	ENEE	CPCS
ENCH		ETEM		CPEN
		ETME		