This form must be presented prior to registration in order for an override to be entered.

Name: Last, First, MI

Phone Number ___________________ Email ___________________

Check one:  
☐ BAS  ☐ AA-Degree  ☐ Non-Degree  
☐ AAS Degree- Electrical Distribution Tech  
☐ AS Degree-Program of Study: _________________________

Select Term:  
☐ Fall  ☐ Spring  
☐ Summer A/AE  ☐ Summer B

Year:_______

<table>
<thead>
<tr>
<th>Course Requested</th>
<th>CRN</th>
<th>Required Prerequisite</th>
<th>Approved</th>
<th>Not Approved</th>
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Explanation: (Check one)

☐ Transfer Student - completed prereq/coreq at previous college. (Attach copy of transcript)
☐ Took classes prior to 1984 - courses not updated in computer.
☐ Other. Please explain. __________________________________________________________

________________________________________________________________________________

___________________________________   __________
Student Signature       Date

☐ Approved  ☐ Not Approved

Advisor or Instructor Signature ___________________ Print Name ___________________ Date ________

Dean Signature _______________ Date ________