LEHIGH UNIVERSITY

ELECTRICAL AND COMPUTER ENGINEERING DEPARTMENT
Registration Override Request Petition

Please fill __ALL__ sections below
State your request & reasons clearly, fully and legibly.
Send completed form to Linda Hamel at lah422@lehigh.edu or Packard Lab 354

Student Name:	Term:
Student LIN #:	Student Email:
Course (Number, Name, Section):	CRN:

Override Requested (Check all that apply):

☐	APPR	Instructor, Departmental or Dean Approval (e.g., ECE 392	
☐	CAPACITY	Allow capacity override for closed section/course	
☐	CLASS	Allow override without proper class standing (e.g., JR taking SR only course)	
☐	PREQ	Allow Override to take the course listed above without required Prerequisite	
☐	Required prerequisite Course:**	Prerequisite Course	Grade Received (if taken):
☐	TIME	Allow time conflict between two courses	Conflicting Course:**

REQUEST:	
REASON:	

Student Signature: Date:

	Date	Signature	Recommendation/Remarks
Instructor **(Required)**			
Advisor **(Required)**			
ECE Associate Chair **(Required)**			
Override Entered by:		Date:	

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