

**ELECTRICAL AND COMPUTER ENGINEERING
OVER CAPACITY ENROLLMENT AUTHORIZATION FORM**

Use this enrollment authorization form if the class needed is full.

Last Name: _____

First Name: _____

10-Digit Student ID Number: _____

Email Address: _____

Semester and Year: Spring _____ Summer _____ Fall _____

3-Digit Course Number (ie: 468, 699, etc.) : ECE _____ Lab Section (if any): _____

Professor Name: _____

Professor Section Number: _____

**PLEASE ALLOW THIS STUDENT TO REGISTER FOR THE COURSE LISTED ABOVE,
OVER THE CAPACITY LIMIT.**

Professor's Signature: _____

PLEASE RETURN THIS FORM TO 2304A ENGINEERING HALL.

You will receive an email when you have been given authorization to enroll.
If you have not received an email message back within two business days,
please check back in with the student services staff.