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 2258 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.

12/15/2011