



The University of Texas at San Antonio
College of Engineering

TO: Enrollment Services Center

DATE:

RE: Registration Override Approval

Student Name: _____ ID # _____

The student listed above has permission to take:

Discipline, course, and Section Number: _____

Call Number: _____

Discipline, course and Section Number: _____

Call Number: _____

Semester and Year: _____

Please override the following:

_____ Time Conflict restriction Faculty signatures required for the classes where time will be missed

Faculty Signature: _____

Faculty Signature: _____

Advisor Approval _____

THIS FORM MUST BE RETURNED TO THE COLLEGE OF ENGINEERING ADVISING CENTER WHERE YOU WILL BE REGISTERED FOR THE CONFLICTING CLASS