



COLLEGE OF ENGINEERING AND ARCHITECTURE

REGISTRATION ERROR REQUEST

This form is to be used by CEA students to request a registration error message override for time conflicts, level restrictions, field of study, special approval, prerequisites/co-requisites, and test scores. Time conflict overrides require instructor permission.

First Name: _____ Last Name: _____

Student ID#: _____ Bison E-Mail: _____

Telephone: _____

Major: _____ Classification: Freshman Sophomore Junior Senior

Semester: Fall Spring Summer Year: _____

Academic Advisor: _____

I understand that I am responsible for adding the requested course(s) to my schedule once the registration error request form has been approved and processed.

Student Signature: _____ Date: _____

Course SUBJ: _____ Course Number: _____ Course CRN: _____
(ex. CSCI) (ex. 100) (ex. 86794)

Course Title: _____

Registration Error Type: Prerequisite/Co-requisite/Test Score Time Conflict Class Restriction Dept./ Major/ Field of Study Special Approval

Approver (print name): _____ Approver's Role: Instructor Advisor/Chair

Approver's Signature: _____ Date: _____

Course SUBJ: _____ Course Number: _____ Course CRN: _____
(ex. CSCI) (ex. 100) (ex. 86794)

Course Title: _____

Registration Error Type: Prerequisite/Co-requisite/Test Score Time Conflict Class Restriction Dept./ Major/ Field of Study Special Approval

Approver (print name): _____ Approver's Role: Instructor Advisor/Chair

Approver's Signature: _____ Date: _____

Course SUBJ: _____ Course Number: _____ Course CRN: _____
(ex. CSCI) (ex. 100) (ex. 86794)

Course Title: _____

Registration Error Type: Prerequisite/Co-requisite/Test Score Time Conflict Class Restriction Dept./ Major/ Field of Study Special Approval

Approver (print name): _____ Approver's Role: Instructor Advisor/Chair

Approver's Signature: _____ Date: _____