

**University of Massachusetts Amherst
Department of Electrical and Computer Engineering**

OFF-LINE COURSE PERMISSION AND COURSE ELIGIBILITY OVERRIDE

**Bring this form to the ECE Undergraduate Program office
located in Marcus 203 BEFORE THE END OF THE ADD/DROP
PERIOD.**

<p>_____ STUDENT NAME (please print)</p> <p>_____@umass.edu</p> <p>Local Phone: () _____</p> <p><input type="checkbox"/> ENGIN 112</p> <p><input type="checkbox"/> E&C ENG _____ COURSE No. (i.e.,496)</p>	<p>_____ SPIRE ID NUMBER</p> <p>UNDERGRAD ECE MAJOR:</p> <p><input type="checkbox"/> CSE <input type="checkbox"/> EE <input type="checkbox"/> ENGIN</p> <p>CLASS OF:</p> <p><input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18</p> <p><input type="checkbox"/> GRADUATE STUDENT ECE</p> <p><input type="checkbox"/> OTHER: _____</p> <p><u>Required 5 Digit Number</u> SPIRE CLASS NUMBER(S)</p> <p>LEC No. _____</p> <p>LAB No. _____</p> <p>DIS No. _____</p> <p>REASON FOR THIS REQUEST: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>STUDENT SIGNATURE: _____ DATE: _____</p>
--	--

FOR DEPT. USE ONLY

NOTE TO INSTRUCTOR:

PLEASE DO NOT SIGN unless all necessary Lec/Lab/Dis class numbers are listed above.

INSTRUCTOR'S SIGNATURE

DATE

PROCESSED BY: _____

INITIALS

DATE