

Department of Mechanical & Materials Engineering

Please indicate if you intend to register on-line or in person at the Registrar's Office

ON-LINE IN PERSON

Request for Registration

NAME _____ MAJOR _____

UID _____ PHONE(_____) _____ QTR/YEAR _____

EMAIL: _____ LAST MET W/ADVISOR _____

REGISTRATION DATE: _____

LIST ALL *SPECIFIC* ISSUES/ ERROR MESSAGES: _____

Complete the following for each **ME** course and **Any Other Pertinent Course** that you wish to take. Overrides and permission for other courses must be handled by the Department specific to that course.

INCOMPLETE FORMS WILL TAKE LONGER TO PROCESS.

Requested Course-Section and CRN #'s		Prerequisite Course(s) for Requested Course	Qtr & Year Prerequisite Course(s) Were Completed
<i>EX: ME 212-01</i>	<i>21547</i>	<i>EGR 101 or MTH 231, PHY 240</i>	<i>F07, S08</i>

The Processing of your Registration forms will take 24-48 hours.

APPROVED: _____ Overrides: _____

DATE: _____