

Graduate School of Engineering
130 Snell Engineering Center
Northeastern University
260 Huntington Avenue

Northeastern University 360 Huntington Avenue Boston, Massachusetts 02115-5000 Phone: 617.373.2711

Fax: 617.373.2571

Web: http://www.coe.edu/graduate-school/graduate-student-services

## REGISTRATION OVERRIDE REQUEST FORM

PART I.	To be completed by the Stud	dent:					
Name:	Snell	Sydney					
	Last or Family Name	First or	First or Given Name		Middle Name		
NU ID:_	001012345 Cu	rrent Program/Concer	ntration: Mechanical	& Industrial E	ngineering /	Data Analyt	
E-Mail:	snell.s@northeasterr	n.edu					
Check A	II That Apply:						
□Ph	D Undergraduate	☐ Part-Time	☐ Domestic	☐ Certific	cate Only		
$\mathbf{Z}_{\mathrm{MS}}$	S PlusOne	☑ Full-Time	International	☐ Specia	l Student		
	Course Name	Term	Subject Code	Course #	CRN#	# Credits	
Engineer	ing Probability and Sta	Spring 2023	IE	6200	31867	4	
Check	All That Apply:						
	Field of Study or Program	n Restriction (Course	e is restricted to stude	nts of a certain	program)		
College Restriction (Course is offered by another college)							
	Level Restriction						
	Student Attribute Restric	tion (Video streaming	g: V35 courses)				
	Repeat Counts Exceeds a	# (You have taken thi	s course previously. P	lease provide r	easoning abo	ove for	
abla	Pre-requisite Restriction	(Course has a pre-re	equisite that you have	not taken at NE	EU)		
	Pre-requisite waiver	has been previously	filed with the Graduate	School			
	Pre-requisite waiver	is not on file. <i>Instruc</i>	tor approval needed				
	Instructor's Signature Re	quired					

PART II. To be completed by the Instructor (If Applicable):							
Recommendation: Approved Comments:	☐ Denied						
Name	Signature	Date Signed					
Title: Email:							
PART III. To be completed by the Program	Contact:						
Is the request approved or denied?	pproved Denied (If denied, please	provide comment below)					
Is this course approved to count toward student's degree program? (It is not necessary to submit an additional petition form for approval)  YES  NO							
Comments:							
Name	Signature	 Date Signed					
Title:	Signature	Date Signed					
Email:							
PART IV. To be completed by the Graduate	e School of Engineering:						
Recommendation: Approved	☐ Denied						
Comments:							
Name Title:	Signature	Date Signed					
Email:							