

**Faculty of Science and Technology  
Override Form**

Date: \_\_\_\_\_  
dd-mm-yyyy

Student ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

\_\_\_\_\_  
Contact Number

Email Address: \_\_\_\_\_

Dr. Brian Cockburn,  
Dean,  
Faculty of Science and Technology,  
The UWI, St. Augustine.

REQUEST FOR:

Override

Pre-requisite Override

Maximum Credit

**Please explain your registration issue.**

Course Code: .....

Course Title: .....

Course Code: .....

Course Title: .....

Course Code: .....

Course Title: .....

Registration Error Message: \_\_\_\_\_  
Capacity, Degree, Level, Major, Programme, Prerequisite and Test Score or other **(please state)**

DETAILS:

.....  
**Student's Signature**

**FOR OFFICIAL USE ONLY:**

Comments from Head of Department:  Recommended  Not Recommended

\_\_\_\_\_  
Date: dd-mm-yyyy

\_\_\_\_\_  
HOD's Signature

Comments from Dean/Representative:  Approved

Not Approved

\_\_\_\_\_  
Date: dd-mm-yyyy

\_\_\_\_\_  
Dean's Signature