**OVERFLOWS** are based on space availability and at the discretion of the instructor and department chair.

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**STUDENT’S NAME**  
Panther #

**GSU EMAIL ADDRESS**

**COURSE #**  
**CRN#**

**WHY DO YOU NEED THIS COURSE**

**ADVISOR’S NAME**

You will be contacted by email when authorization has been approved.

**TO BE COMPLETED BY DEPARTMENT**

**INSTRUCTOR’S SIGNATURE**

APPROVED  ✗  NOT APPROVED  ✗  Reason

**DEPARTMENT CHAIR’S**

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