

**EPSE OVERFLOW REQUEST FORMS**  
(Information must be complete and **LEGIBLE!**)

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

DATE \_\_\_\_\_ REQUEST FOR \_\_\_\_\_ SEMESTER \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

Panther # \_\_\_\_\_

STUDENT'S 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 \_\_\_\_\_ APPROVED  NOT APPROVED  Reason \_\_\_\_\_

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