



Course Override Request Form

(AA 6/24)

Student Name: _____

GSU ID#: _____

Semester: _____

Request Override # 1

Course Name and CRN: _____

Instructor Signature: _____

Recommend Don't Recommend

Instructor Signature: _____

Recommend Don't Recommend

Reason for Override: _____

Plan for meeting requirements of impacted class(es): _____

Request Override # 2

Course Name and CRN: _____

Instructor Signature: _____

Recommend Don't Recommend

Instructor Signature: _____

Recommend Don't Recommend

Reason for Override: _____

Plan for meeting requirements of impacted class(es): _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Recommend Not Recommended

Provost Signature: _____

Date: _____

Approved Denied

A copy of the students Degree Works, or supporting documentation, must be attached to this form.

Faculty Advisors and students will be notified by email once this form is processed.