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In Person:

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rmi.gsu.edu



RMI Course Authorization Form

Term: _____ Year: _____

RMI Department Office Use Only

Circle type of authorization issued

Override

Overflow

Instructor Initials/Date

Student Name: _____

Panther ID: _____

Email: _____@student.gsu.edu

Phone: (_____) _____ - _____

Course: _____ CRN#: _____

REASON FOR AUTHORIZATION

Overflow: Prerequisite conflict:

Other: _____

Student signature: _____ Date: _____

I understand that it is my sole responsibility to register immediately for the above course, after the approved authorization is placed on the GoSOLAR/PAWS registration system.

PLEASE SCAN FORM AND EMAIL TO INSTRUCTOR OR DELIVER TO HIS/HER OFFICE.