Green River COMMUNITY COLLEGE

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Eastside: (206) 464-6133
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http://www.greenriver.edu

Class Capacity Overload Form

Must be completed

GRCC ID:										Quarter – circle one: Summer Fall Winter Spring

Name: _____

Last Name – Print Clearly **First Name** **Middle Initial**

Important Information

STUDENT:

- Submit this form to Enrollment Services or International Programs to complete the registration process.
- **MUST** include all required signatures.
- **MUST** include a permission (entry) code, from the instructor, if pre-requisites are not met

Class Information - MUST be completed

Item #	Permission	Dept	Course No.	Course Title

Student Signature is required for processing. **Date**

Instructor's Signature – required **Date - required**

Division Chair's Signature – required **Date - required**

FOR OFFICE USE ONLY

Initials	**Date**

ES01207KM