



## Permission for Time Overlap

Office of the Registrar; Viterbo University; 900 Viterbo Drive; La Crosse WI 54601

Phone: 608-796-3180 [www.viterbo.edu](http://www.viterbo.edu) [registrar@viterbo.edu](mailto:registrar@viterbo.edu)

PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

Student Name: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Check appropriate semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year 20 \_\_\_\_\_

Class currently registered for: \_\_\_\_\_  
Dept. Number Section Meeting Days/Time

Class wanting to register for: \_\_\_\_\_  
Dept. Number Section Meeting Days/Time

Permission is granted to leave early from \_\_\_\_\_ or arrive late to \_\_\_\_\_  
Course Number Course Number

\_\_\_\_\_  
Name of Instructor/Chair (Please Print) Signature Date