



### **Permit Into Class (Override of Section Capacity)**

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 \_\_\_\_\_

Requests permission to be admitted to the following course:

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year: 20\_\_\_\_\_

**Course Information:**

_____	_____	_____	_____
Dept.	Number	Section	Credits

\_\_\_\_\_

Title of Course

_____	_____	_____
Name of Instructor (Please Print)	Signature of Instructor	Date