

<b>A</b>	<b>PRINT FULL NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>SEMESTER</b>	<b>COLLEGE</b>	<b>DATE</b>

## INSTRUCTOR PERMISSION FORM

**The University of Vermont**  
 OFFICE OF THE REGISTRAR  
 WATERMAN BUILDING  
 BURLINGTON, VERMONT 05405

<b>B</b>	<b>STUDENT ID</b>									

INSTRUCTIONS	
1. SECTION A	(Top of Page) Print your last, first, and middle name, semester, college, and date you complete this form.
2. SECTION B	Print your student ID
3. SECTION C/D/E	Complete the appropriate section(s) and secure the appropriate signatures.
4.	Check accuracy and turn in at the Registrar's Office.

<b>C</b> ALLOW ALL (OVERRIDE ALL RESTRICTIONS EXCEPT TIME CONFLICT)						
COURSE	SECTION	COMPUTER NUMBER	VARIABLE CREDITS	INSTRUCTOR'S SIGNATURE	DATE	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	

<b>D</b> IF ROOM (OVERRIDE ALL RESTRICTIONS EXCEPT CAPACITY/TIME)						
COURSE	SECTION	COMPUTER NUMBER	VARIABLE CREDITS	INSTRUCTOR'S SIGNATURE	DATE	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	

<b>E</b> TIME (OVERRIDE TIME CONFLICT)						
COURSE	SECTION	COMPUTER NUMBER	VARIABLE CREDITS	INSTRUCTOR'S SIGNATURE	DATE	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	
_____	_____	<input type="text"/>	<input type="text"/>	_____	_____	

Student Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Student Phone Number \_\_\_\_\_