

THE UNIVERSITY of TENNESSEE at  
CHATTANOOGA

**TERM OF ENTRY CHANGE REQUEST FORM**

Please fill out this form and fax to the Office of Undergraduate Admissions  
203 Guerry Hall, Dept. 5105; 615 McCallie Avenue; Chattanooga, Tennessee 37403-2598  
423-425-4662; 423-425-4157 fax; 1-800-UTC-MOCS

**Name:** \_\_\_\_\_

**UTC ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**High School Attended** \_\_\_\_\_

**College(s) Attended:** 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Major(s):** \_\_\_\_\_

**College Semester Hours Completed** \_\_\_\_\_

**Are you currently enrolled at another college or university?** \_\_\_\_\_

**Term Originally Requested:**                      **Fall 20**\_\_    **Spring 20**\_\_    **Summer 20**\_\_

**Term Desired Now (Mark only one.)**    **Fall 20**\_\_    **Spring 20**\_\_    **Summer 20**\_\_

I understand that withholding or giving false information requested in this form may make me ineligible for admission to the university. With this in mind, I certify that the statements herein are correct and complete.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_