

ENROLLMENT VERIFICATION FORM

The University of Tennessee at Chattanooga
The Records Office, Dept. 5155
615 McCallie Avenue
Chattanooga, TN 37403
Fax: 423.425.2172

DIRECTIONS: Please complete only the top portion of form

Student's Name: _____ Date: _____

SSN: _____ Student's Signature: _____

Delivery Method Circle One: Mail (include address below) Fax (include number below) Student Pick Up

Send Verification To: _____ Fax Number: _____

Mailing Address: _____

CITY

STATE

ZIP CODE

ENROLLMENT VERIFICATION/LOAN DEFERMENT

*UTC uses the following criteria for determining the Enrollment Status of students:
Fall, Spring, or Summer Semesters*

Enrollment Status	Undergraduate Enrollment	Graduate Enrollment
Full-Time	12 Credit Hours minimum	9 Credit Hours minimum
Half-Time	6-8 Credit Hours	6 Credit Hours
Less than Half-Time	5 Credit Hours or less	5 Credit Hours or less

As of today's date, this student is **currently enrolled** for the _____ semester as a
_____ student. The term began on _____ and ends on _____.

As of today's date, this student is **pre-registered** for the _____ semester with _____
status.

The term begins on _____ and ends on _____.

Authorized Signature

Title

Date