

Name: _____ Date: _____ UTC ID: _____

Enrollment Verification Form

UTC Records Office, 109 Race Hall
615 McCallie Avenue, Dept. 5155
Chattanooga, TN 37403
Ph: (423) 425-4416 Fax: (423) 425-2172

Directions: Please complete only the **TOP** portion of this form.

SSN: _____ Student's Signature: _____

Verify Enrollment for: Spring ___ Summer ___ Fall ___ Expected Graduation Date: _____

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	6-11 Credit Hours	6-8 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 Registrar's Office Signature

Title

Date