REGISTRATION AND DROP/ADD FORM

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Semester/Term _____

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Effective Date: _____

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THE UNIVERSITY of TENNESSEE CHATTANOOGA

Course Reference Number (CRN)	Dept.	Course Number	Section Number	Type Credit: Graduate Undergraduate Audit	Credit Hours	CHECK APPROPRIATE COLUMN	
						Drop	Add

ONCE REGISTERED, YOU ARE RESPONSIBLE FOR ALL FEES.

STUDENT'S SIGNATURE **DATE**

INSTRUCTOR'S SIGNATURE **DATE**

DEPARTMENT HEAD'S SIGNATURE **DATE**
(if required by the Office of the University Registrar)