

REGISTRATION AND DROP/ADD FORM

PLEASE PRINT

Semester/Term _____

UTC I.D.# _____

Name _____

Last

First

Middle

Records Office Use Only

Effective Date: _____

Processed By: _____

Date: _____



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 Records Office)