



REGISTRATION FORM

Present completed form to the academic department responsible for the course to be added.

UTK ID#

TERM/YEAR

LAST NAME

EMAIL

FIRST NAME

PHONE #

REQUEST TYPE ADD
 DROP/WITHDRAWAL

STUDENT PROGRAM/MAJOR

CRN	Course Number/ Section	Course Title	# of Hours	Grading Options S/NC, A-F, P/NP, Audit
99912	COLG 101/001	EXAMPLE Introduction to College	3	A-F

STUDENT SIGNATURE

Please provide an explanation and attach any additional documentation for this request:

SIGNATURES: Instructor and Department Head approval is required. Retroactive (prior term) requests require written approval from the Dean or Associate Dean of the college overseeing the course.

INSTRUCTOR NAME (Please Print)

INSTRUCTOR SIGNATURE

DEPARTMENT HEAD NAME (Please Print)

DEPARTMENT HEAD SIGNATURE

Present completed form to the academic department responsible for the course to be added.