

Office of the Registrar

TENNESSEE TECH

Student Name: _____ T#: _____
(Last) (First) (MI)

Term/Year: _____ Today's Date: _____

Course Information (Please complete both fields for Previous and Current Course Information):

CRN	Subj.	Course No.
-----	-------	------------

| |

*Departments: all courses must be indicated as repeatable or not repeatable in the tables above.

*Registration: if a course is marked as repeatable, send a copy of this form to Graduation for Degree Works pur

Student Signature: _____

Advisor Signature: _____

Cher