

**TENNESSEE TECHNOLOGICAL UNIVERSITY  
ADD AND/OR DROP CLASSES**

**Photo ID Required  
Make a copy for your reference**

Term/Year: \_\_\_\_\_

**1. STUDENT INFORMATION**

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      T Number

**NOTICE!**  
\*\*\* A reduction in Credit Hours may impact financial aid, lottery scholarship and VA eligibility.  
**Repayment of funds may be required.**

**2. DROPPED COURSES**

**ADDED COURSES**

| CRN | SUBJ | COURSE | SECT# | CREDIT HOURS | CRN | SUBJ | COURSE | SECT# | CREDIT HOURS |
|-----|------|--------|-------|--------------|-----|------|--------|-------|--------------|
|     |      |        |       |              |     |      |        |       |              |
|     |      |        |       |              |     |      |        |       |              |
|     |      |        |       |              |     |      |        |       |              |
|     |      |        |       |              |     |      |        |       |              |
|     |      |        |       |              |     |      |        |       |              |

Total Credit Hours Change from \_\_\_\_\_ to \_\_\_\_\_ (see \*\*\* above)

**3. REQUIRED SIGNATURES** Advisor and Student Signature Required on All Add/Drop Forms

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

**3(a). \*SPECIAL SIGNATURES**

- Instructor signature required **ONLY** if adding a class after the deadline
- Athletic Advisor signature required **ONLY** if student is an athlete
- Chemistry Chair & Lab signature required **ONLY** if dropping a CHEM lab
- Learning Support Program Coordinator signature required **ONLY** if dropping an LSP Course\*
- Engl Dept Chair signature required **ONLY** if dropping ENGL 1010/1020
- Engl Dept signature required **ONLY** if dropping a First-Year-Connections Course\*\*

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Athletic Advisor \_\_\_\_\_ Date \_\_\_\_\_

\*Special Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

\*Special Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

Registration Only

\_\_\_\_\_

Date \_\_\_\_\_

**4. Return to Registration Center, Room 121, Derryberry Hall for Processing**

\*click here for the list of LSP Courses  
\*\*click here for the list of First-Year-Connections Courses

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
T# \_\_\_\_\_