

Parent Letter Request Form

Veterans Resource Center, University of Tennessee, Knoxville

G020 Hodges Library, Knoxville, TN 37996

Phone: 865-974-5420 Fax: 865-974-8517

This form must be completed by any student who elects to register for classes at an alternate institution while enrolled at the University of Tennessee. It must be completed for each semester that the student is enrolled at another institution. Please submit this form after enrolling and registering at the alternate institution. You may return this form by US mail, email, fax, or in person. If you need more information, please contact the UTKVA office at utkva@utk.edu.

PLEASE COMPLETE ALL INFORMATION

NAME (last, first, middle initial)

MAJOR: _____

UTID # _____ SSN: _____

MINOR: _____

Chapter #: _____ VA File # (Ch. 35 only): _____

TERM (Please Circle): FA SP SU MT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ UT EMAIL: _____

NAME OF ALTERNATE INSTITUTION: _____

Please list your schedule at the alternate institution:

Course # Course Description

Course #	Course Description

Note: Prior to registering at a separate institution, please verify with your advisor or a UTKVA school certifying official on credit transfer equivalencies. **You will only be certified for courses that are required within your current degree.** The alternate institution will be responsible for certifying your enrollment for the classes you are registered with at that institution ONLY.

SIGNATURE: _____ DATE: _____