



COURSE DESCRIPTION (for courses prior to 1975-1976 catalog year) **REQUEST FORM**

OFFICE OF THE
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**Go to <http://diglib.lib.utk.edu/dlc/catalog/#archive>
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Academic Discipline	Course Number	Course Title	COURSE TAKEN	
			Semester (or Quarter)	Year

Please send my course description by (CHECK ONE): E-MAIL FAX MAIL

E-Mail Address

Fax Number (with area code)

Mailing Address

Name _____

Last

First

Middle/Maiden

**Office of the University Registrar
209 Student Services Building
Knoxville, TN 37996-0200**

**bspence5@utk.edu
FAX 865-974-2606**