

**UNIVERSITY OF TENNESSEE AT CHATTANOOGA
OFFICE OF THE GRADUATE SCHOOL
GRADUATE PROGRAM OF STUDY**

Type or Print All Information

Name: _____ UTCID: _____

Last First Middle

Degree: Master's Specialist Doctoral Major: _____ Conc.: _____

Semester First Course Taken: _____ Hours Required for Degree: _____

Credit hours in core: _____ Number of elective hours to complete program: _____
(All core courses **must** be listed.) (Elective courses may be listed but are not required on the POS form.)

Course Prefix & Number	Course Title	Credit Hr.	Semester	Grade

List Transfer Courses below: (list course prefix, number, title, where taken, and grade)

Use the CONTINUATION Form for additional coursework if applicable.

Typed / Printed Name:	Signatures:
_____	_____
Student	Date
_____	_____
Major Advisor / Chairperson	Date
_____	_____
Program Officer (Director, Coordinator, etc.)	Date

_____	_____	_____
Dean of the Graduate School	Date	Degree Completion Required Date

**Students must submit the Application for Candidacy & Graduation Form the semester prior to their anticipated graduation. Some programs may have more strict guidelines; students should consult with their specific graduate program.