

Name: _____ Date: _____ UTCID: _____

**GRADUATE APPLICATION FOR CANDIDACY, CERTIFICATE AWARD AND GRADUATION
UTC RECORDS OFFICE AND THE GRADUATE SCHOOL**

The name to be inscribed on your diploma or certificate is **your legal name at the time of graduation** and also how your name will appear in the Commencement program. Your name will not appear in the Commencement program if you have instructed the University to **not** release your directory information. Names of students receiving certificates do not appear in the Commencement program and these students do not participate in the Commencement ceremony.

Typed / Printed Name (LEGIBLY): _____
First *Middle* *Last* *Suffix*

- **Graduation Status Reports and updates will only be sent to a valid UTC E-mail address**
- **Diplomas are only issued in the legal name at the time of graduation**

CHECK ALL THAT APPLY: I am filing for: **Candidacy** **Graduation**

Semester/Year in which you plan to graduate: (see the Graduate Academic Calendar for specific dates for submission)

Fall: December 20 _____ **Spring: May 20** _____ **Summer: 20** _____
 Due last date of spring early registration Due last date of fall early registration Due last date of spring early registration

Check the degree you are pursuing:

- | | |
|--|--|
| <input type="checkbox"/> Master of Accountancy (MAcc)
<input type="checkbox"/> Master of Arts (MA)
<input type="checkbox"/> Master of Business Administration (MBA)
<input type="checkbox"/> Master of Music (MM)
<input type="checkbox"/> Master of Public Administration (MPA)
<input type="checkbox"/> Master of Science (MS)
<input type="checkbox"/> Master of Science in Athletic Training (MSAT)
<input type="checkbox"/> Master of Science in Criminal Justice (MSCJ) | <input type="checkbox"/> Master of Science in Nursing (MSN)
<input type="checkbox"/> Master in Education (MEd)
<input type="checkbox"/> Specialist in Education (EdS)
<input type="checkbox"/> Doctor of Nursing Practice (DNP)
<input type="checkbox"/> Doctor of Physical Therapy (DPT)
<input type="checkbox"/> Doctor of Philosophy (PhD)
<input type="checkbox"/> Doctor of Education (EdD)
<input type="checkbox"/> Certificate Program |
|--|--|

Program (Major): Use COMPLETE title (example: Secondary Education)

Program (Major): _____ Concentration (if applicable): _____

Certificate Program Title (if applicable): _____
 (In the space below, list all courses taken for a certificate program.)

Below list all electives or course changes not listed on the original PROGRAM OF STUDY. Use the Continuation form for additional courses/changes if needed.

Course Prefix & Number	Course Title	Credit Hr	Semester	Grade

Your diploma will be mailed upon completion of the Diploma Mailing card on the Records Office web site at www.utc.edu/records/forms.php. The diploma mailing card should be completed after Commencement and include the mailing address where you will be located eight weeks after graduation.

_____ Student's Signature	_____ Date	_____ Major Advisor / Chairperson	_____ Date
_____ Program Officer (Director, Coordinator, etc.)	_____ Date	_____ Dean, Graduate School	_____ Date