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.

SUBMIT completed form to: Graduate School Office, Dept 5305, 103 Race Hall, 615 McCallie Ave., Chattanooga, TN 37403