

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**
- **Students will only receive ONE diploma per degree awarded (not per major)**
- **Diplomas are only issued in the legal name at the time of graduation**

Degree:

- | | |
|--|--|
| <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: _____

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

I am only filing candidacy at this time: Yes No

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

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