

Name: _____ Date: _____ UTCID: _____

**GRADUATION AUDIT FOR DEGREES AND CERTIFICATES
THE GRADUATE SCHOOL**

Candidacy: formal recognition of graduate students who have completed the majority of their coursework, comprehensive examinations (if applicable), and/or are within one semester of completing their academic program. Each student's Program of Study and Graduation Audit are reviewed by Graduate School staff to determine whether the student meets all University graduation requirements.

Graduation Status Reports and updates will only be sent to a valid UTC E-mail address

Degree:

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

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

Program (Major): _____ Concentration: _____
Are you completing a thesis? (Y/N)

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/ year	Grade

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

Student's Signature Date

Major Advisor / Chair Person Date

Program Officer (Director, Coordinator, etc.) Date

Dean, Graduate School Date

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