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

Type or Print All Information

Name: __________________________ UTCID: __________________________

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.)

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<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester/year</th>
<th>Grade</th>
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List Transfer Courses below: (list course prefix, number, title, where and when taken, and grade)

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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