

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