

Request to Graduate Without Recommendation for Teacher Licensure

Directions: Please read the statement below and complete information. Submit completed form to the School of Education. Once signed by the Director, the form will be returned to you, and you will send the form to the Registrar's Office for processing.

STEP 1:

I hereby request permission to graduate without completing the Teacher Education Program. I understand that I will not be eligible for UTC's recommendation for teacher licensure. I further understand that if I should reenter UTC's Teacher Education Program at some future date, my credentials will be evaluated in terms of the current program requirements at the time of reentry.

Name: _____ UTC ID: _____

Address: _____

Phone: _____

Email: _____

Degree/Major: _____

Requested Date of Graduation: _____

Even though you plan on graduating without licensure, you must apply to UTC to graduate.

UTC Graduation Applications must be submitted by the following dates:

- Spring Graduation: October 15
- Summer Awarding: March 15
- Fall Graduation: June 15

After the deadline, late applications may be submitted. A \$50 late fee will be assessed. No late applications will be accepted after the following dates:

- Spring Graduation: March 30
- Summer Awarding: June 30
- Fall Graduation: October 31

Expected earned hours as of graduation date: _____

Course(s) for which waiver is requested: _____

Please note:

- *If you have 33 hours or more remaining toward your major, you will NOT be granted permission to graduate without licensure. In this case, you are recommended to change your major.*
- *Residency II, Seminar, and/or EDUC 4335 are the ONLY classes that may be waived.*

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

STEP 2:

Complete the following survey: https://utk.co1.qualtrics.com/jfe/form/SV_6EXCoUs105XwHIO

STEP 3:

Send form to certification@utc.edu for review and signatures.

SOE Director Signature: _____ Date: _____

Teacher Certification Officer Signature: _____ Date: _____

The certification officer will send completed form to the Office of the Registrar.

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