

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

Type or Print All Information

Name: _____ UTCID: _____
Last First Middle

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.)

Course Prefix & Number	Course Title	Credit Hr.	Semester	Grade

List Transfer Courses below: (list course prefix, number, title, where taken, and grade)

Use the CONTINUATION Form for additional coursework if applicable.

<p>Typed / Printed Name:</p> <p>_____ Student</p> <p>_____ Major Advisor / Chairperson</p> <p>_____ Program Officer (Director, Coordinator, etc.)</p>	<p>Signatures:</p> <p>_____ Date</p> <p>_____ Date</p> <p>_____ Date</p>
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_____ Dean of the Graduate School	_____ Date	_____ Degree Completion Required Date
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**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.