

**ADMISSION TO CANDIDACY APPLICATION
MASTER'S OR SPECIALIST DEGREE**

**The University of Tennessee
The Graduate School**

Submit Form by Deadline to:
The Graduate School
111 Student Services Building
Knoxville, TN 37996-0211

Name: _____
Last
First
Middle

Student ID #: _____

Street: _____

City _____ State _____ Zip _____

Major: _____ Email Address: _____

Concentration: _____ Degree: _____

Choose One: Thesis Non-Thesis Program

To be completed by the Graduate School

Admitted to Candidacy: _____

Time Limit
Your degree must be granted by the _____
Term _____

Dean of the Graduate School

X

Signature of the Applicant *Date*

List **ONLY** graduate-level courses to be counted toward the degree. Include those completed and those planned to be used for requirements:

Year/Term	Department	Course #	Course Title	Hours	Grade

Name: _____

Year/Term	Department	Course #	Course Title	Hours	Grade

Minor:

Year/Term	Department	Course #	Course Title	Hours	Grade

Transfer Credit (A majority of the total hours required for a master's degree must be taken at the University of Tennessee, Knoxville.)

Institution Name: _____

Year/Term	Department	Course #	Course Title	Hours	Grade

(Two-thirds of program, including not more than six (6) hours of thesis credit, must be numbered 500 or above, taken at the University of Tennessee.)

Departmental Approval (*To be completed with the assistance of the academic department*)

We certify that the above program, when successfully completed, meets all coursework requirements for this degree. We also certify that all University regulations regarding research compliances (use of human subjects, animal care, radiation, legend drugs, recombinant DNA, or handling of hazardous materials) have been appropriately approved prior to the initiation of the research if approval is relevant to the applicant's research.

Faculty Committee Signatures
(Print Name)

(Department)

(Signature)

_____	_____	X	_____
(Major Professor)			
_____	_____	X	_____
(Minor Professor or Committee Member)			
_____	_____	X	_____
(Committee Member)			

X

Graduate Program Director Signature

Important: This form will not be accepted by the Graduate School without original signatures of the three committee members and the Graduate Program Director in your department. If you have a minor, one of the three professors must be from the minor department.