

⌘ REVISION ⌘
ADMISSION TO CANDIDACY
MASTER'S OR SPECIALIST DEGREE
The University of Tennessee
The Graduate School

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

Name: _____ Date Submitted: _____
Last First Middle

Street: _____ Student ID #: _____

_____ Email Address: _____
City State Zip

Major: _____ Degree: _____

Concentration: _____

Add the following courses:

Year/Term	Department	Course #	Course Title	Hours	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Delete the following courses:

Year/Term	Department	Course #	Course Title	Hours	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Committee Change:

Printed Name

Signature

ADD: _____

REMOVE: _____

 Student's Signature

 Major Professor's Signature

 Graduate Program Director's Signature
(Required only for committee changes)