

**UNIVERSITY OF TENNESSEE AT CHATTANOOGA  
OFFICE OF THE GRADUATE SCHOOL  
PROGRAM OF STUDY & GRADUATION AUDIT – CONTINUATION FORM**

Type or Print All Information

Name: \_\_\_\_\_ UTCID: \_\_\_\_\_  
*Last*                      *First*                      *Middle*

Course Prefix & Number	Course Title	Credit	Semester/year	Grade

All Core Courses in the Major **MUST** be included on the GRADUATE PROGRAM OF STUDY  
 Use the CONTINUATION Form for additional coursework that could not be listed on the PROGRAM OF STUDY or the CANDIDACY.

**Typed / Printed Name:**  
 \_\_\_\_\_  
 Student  
 \_\_\_\_\_  
 Major Advisor

**Signatures:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

**SUBMIT** completed form to: Graduate School Office, Dept 5305, 103 Race Hall, 615 McCallie Ave., Chattanooga, TN 37403