

PLEASE USE BLACK INK
WHEN COMPLETING

THE UNIVERSITY OF TENNESSEE
UNIVERSITY REGISTRAR

SUBMIT TO UNIVERSITY
REGISTRAR'S OFFICE,
ROOM 201-C STUDENT
SERVICES BUILDING

REVISION TO MASTER'S/ED.S. CANDIDACY FORM

Name _____
Last First MI

Date _____

Address _____

Student ID# _____

City State Zip

Email _____

Degree _____ Major _____

Add the following courses:

Semester/Year	Subject	Course No.	Title	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Delete the following courses:

Semester/Year	Subject	Course No.	Title	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Committee Change:

Add: _____
Name Department

Name Department

Name Department

Remove: _____
Name Department

Name Department

Name Department

Student's Signature _____

Major Professor's Signature _____

Department Head's Signature _____
(required only for committee change)