

**ENDORSEMENT OF SPECIALIZATION**

**Completion Form**

*This form must be submitted to the graduate coordinator no earlier than two weeks before the last class day of the student’s final semester.*

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| **Student Information** | |
| **Name:** | **UT EID:** |

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| **Completed Courses** | | |
| **Area of Specialization:** | | |
| **Course Title:** | **Instructor:** | **Semester:** |
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| **Faculty Information** |
| **Faculty Advisor:** |
| **Faculty Advisor Signature:**  **Date:** |
| **Consulted Faculty Member (If Applicable):** |
| **Consulted Faculty Member Signature:**  **Date:** |

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| **Date Completed Certificate Sent** |