

Coursework Certification Form

1. Student Information

NAME	UTK STUDENT ID NUMBER	
UTK E-MAIL ADDRESS	PHONE NUMBER	TARGET GRADUATION SEMESTER/YEAR
COLLEGE	DEPARTMENT	MAJOR/PROGRAM
DEGREE OBJECTIVE	MAJOR ADVISOR NAME	DEPARTMENTAL IGMCS LIAISON Find at https://igmcs.utk.edu/departments
 MASTERS 9 hrs	 DOCTORAL 15 hrs	MAJOR ADVISOR E-MAIL ADDRESS

2. Completed Course List

See eligible courses list at <https://igmcs.utk.edu/courses>

DEPARTMENT PREFIX COURSE CODE & COURSE NAME
Example: COSC 522 Machine Learning

SEMESTER & YEAR

GRADE
If Available

IGMCS AREA

COSC/INSC	MATH/STAT	DOMAIN SCIENCE

MASTERS

DOCTORAL

After completing sections 1 & 2, submit this form to: igmcs@utk.edu

3. Signatures

A. MAJOR ADVISOR

NAME	SIGNATURE	DATE
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B. DEPARTMENTAL
IGMCS LIAISON

NAME	SIGNATURE	DATE
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C. IGMCS PROGRAM
COMMITTEE CHAIR

NAME	SIGNATURE	DATE
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