

DEPARTMENT OF NUTRITION AND INTEGRATIVE PHYSIOLOGY

Program of Study (POS) Form

Return the completed form to the administrative assistant no later than the first semester of your second year in the graduate program.

First and Last Name: _____

UNID Number: _____

Date: _____


Area of Study: _____

Thesis or FAS: _____


Thesis/FAS Title (if available): _____

Email: _____

Phone: _____

 On page two, chronologically list **ONLY** the courses that apply toward your proposed degree.

- Major: NUIP Department
- Allied: Outside of program

 Course work and thesis research hours should be projected through the intended date of completion.

 Please note if there are changes to your POS a new form must be completed and submitted.



Expected Graduation Date: _____ Semester: _____ Year: _____