

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.



Semester Registered	Subject Area, Catalog Nbr, and Section	Course Title	Credit hrs.	Major or Allied

Institutional Review Board (IRB) and Institutional Animal Care and Use Commission (IACUC) approval					
dates:					
	If applicable				
Expected Graduation Date:	Semester:	Year:			