





**DEPARTMENT OF NUTRITION & INTEGRATIVE PHYSIOLOGY**  
Program of Study (POS) Form**PROGRAM OF STUDY (POS) FORM INSTRUCTIONS:**

-  On page 2, chronologically list **ONLY** the courses that apply toward your proposed degree.
  - Major: NUIP Department
  - Allied: Outside of program
-  Course work, electives, and research hours should be projected through the intended date of program completion.
  - Note, if there are changes to your POS a new form must be completed and submitted.
-  Review with committee chair and obtain their signature.
-  Return the completed form to [nutrition@health.utah.edu](mailto:nutrition@health.utah.edu) no later than the first semester of your second year in the graduate program.

Date: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

UNID Number: \_\_\_\_\_ Umail: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Program: \_\_\_\_\_

Expected Graduation Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Dissertation: \_\_\_\_\_ Thesis: \_\_\_\_\_ Non-Thesis/FAS: \_\_\_\_\_

Dissertation/Thesis/FAS Title (if available): \_\_\_\_\_

Dissertation Oral Exam Date (if available): \_\_\_\_\_

Dissertation Written Exam Date (if available): \_\_\_\_\_

**Committee Chair Signature:** \_\_\_\_\_*I, the committee chair, have reviewed and approve of the below POS*



Institutional Review Board (IRB) and/or Institutional Animal Care and Use Commission (IACUC) approval dates:

*If applicable*