

**DEPARTMENT OF NUTRITION & INTEGRATIVE PHYSIOLOGY**  
Program of Study (POS) Form

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:

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

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

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

**PROGRAM OF STUDY (POS) FORM INSTRUCTIONS:**

-  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.
-  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.

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

*If applicable*