

## **CBE Business Office Form for Graduation**

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

Graduate Student Name: \_\_\_\_\_

Graduation Term: \_\_\_\_\_

Defense Date, if known: \_\_\_\_\_

Last day to be paid: \_\_\_\_\_

(Advisor Fill Out)

\*If last day to be paid does not coincide with the graduate term, please explain why:  
(i.e. Will continue to work in lab as a researcher/post-doc)

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Graduate Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to [cbebusiness@utk.edu](mailto:cbebusiness@utk.edu) or hand deliver to business office Dougherty 434.

\*Any changes after this form is submitted, are the responsibility of the advisor.