

GRADUATE SCHOOL, UNIVERSITY OF MASSACHUSETTS AMHERST

DOCTORAL DEGREE ELIGIBILITY FORM

INSTRUCTIONS

Legibly complete all entries on this form. Mark items “N/A” that do not apply. SECTION A is to be completed by the candidate. SECTIONS B and C are to be completed by the department.

The *Typing Guidelines for Master’s Theses and Doctoral Dissertations* should be consulted regarding the preparation of your dissertation. For other degree requirements, refer to Part II under Degree Certification in the *Graduate Student Handbook*. Refer all questions to the Office of Degree Requirements.

Please submit your dissertation electronically through the University of Massachusetts Amherst dissertation submission site (**BePress**) at <http://dissertations.umi.com/umass/>. For further information about electronic dissertation submission, please visit <http://www.umass.edu/gradschool/thesis/electdiss.html>.

You are responsible for submitting this form, your electronic dissertation and other required forms and fees (as outlined below) to the Office of Degree Requirements by the posted deadline.

- Degree Eligibility Form
- Electronic files delivered to BePress
- Signature pages: 2 paper pages with original signatures, on acid-free paper – 20 lb. weight, white, 8 ½” x 11”
(An unsigned signature page should be included with the electronic version of your dissertation.)
- Survey of Earned Doctorates Form, available at http://www.umass.edu/gradschool/files/Survey_of_Earned_Doctorates.pdf
- MasterCard, Visa, money order, or personal check for microfilming fee and, if applicable, copyrighting fee

If you have any questions regarding the completion of this form, call or visit the Office of Degree Requirements, Graduate School, 534A Goodell Building during normal business hours Monday - Friday, 8:30 a.m. - 5:00 p.m., tel. 413-545-0025, or visit <http://www.umass.edu/gradschool> .

FOR GRADUATE SCHOOL USE ONLY

GRADUATE SCHOOL, UNIVERSITY OF MASSACHUSETTS AMHERST

DOCTORAL DEGREE ELIGIBILITY FORM

SECTION A - To Be Completed By Candidate

STUDENT ID (SPIRE) NUMBER: _____

NAME – As registered on our records: _____

NAME - To appear on diploma (case sensitive): _____

Please note: Your diploma will be sent to the **mailing address** in SPIRE that is **current at the time of mailing**. Please update your mailing address in SPIRE promptly after moving to ensure delivery of your diploma.

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DEPARTMENT: _____

DEGREE: _____

DISSERTATION CHAIR: _____

DISSERTATION TITLE: _____

ANTICIPATED DEGREE DATE: SEPTEMBER FEBRUARY MAY YEAR _____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ABOVE IS CORRECT AND COMPLETE

Signature of Candidate: _____ Date: _____

After signing the form, give to the Graduate Program Director for verification.

SECTION B - To Be Completed by Graduate Program Director

THE INFORMATION FURNISHED BY THE ABOVE NAMED CANDIDATE IN THE _____ PROGRAM HAS BEEN VERIFIED FROM DEPARTMENTAL RECORDS AND THE CANDIDATE HAS COMPLETED ALL PROGRAM REQUIREMENTS.

THE RESIDENCY REQUIREMENT WAS FULFILLED DURING THE (1) _____ AND (2) _____ SEMESTERS.

Signature: _____ Date: _____

Name Printed or Typed: _____

After signing this form, give to Department Head for recommendation of degree.

SECTION C - To Be Completed by Department Head/Chair

I RECOMMEND THAT THE ABOVE NAMED CANDIDATE BE AWARDED THE _____ DEGREE AT THE _____ 20____ DEGREE GRANTING PERIOD.

Signature: _____ Date: _____

Name Printed or Typed: _____

After signing this form, forward to Office of Degree Requirements: 534A Goodell Building by posted deadline.