

## DOCTORAL DEGREE ELIGIBILITY FORM

Please note: this is a two-sided form. All degree candidates must complete the reverse side of this form.

**SECTION A** – to be completed by the candidate. Please print legibly. Mark items "N/A" that do not apply.

**STUDENT ID (SPIRE) NUMBER:** \_\_\_\_\_

**NAME** as it appears in SPIRE: \_\_\_\_\_

**NAME** to appear on diploma (case sensitive): \_\_\_\_\_

**NOTE:** Diplomas are sent to the Mailing Address that is **current** in SPIRE at the time of mailing (approximately 8 weeks **after** the deadline for the degree period). Please keep the Mailing Address updated.

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ANTICIPATED DEGREE DATE:**      **FEBRUARY**       **MAY**       **SEPTEMBER**       **YEAR** \_\_\_\_\_

**DEPARTMENT/PROGRAM:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_

**DISSERTATION CHAIR:** \_\_\_\_\_

**DISSERTATION TITLE:** \_\_\_\_\_

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

Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION B** – to be completed by the Graduate Program Director  
THE INFORMATION FURNISHED BY THE ABOVE NAMED CANDIDATE 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): \_\_\_\_\_

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**SECTION C** – to be completed by the Department Head/Chair  
I RECOMMEND THE ABOVE NAMED CANDIDATE BE AWARDED THE \_\_\_\_\_ DEGREE AT THE \_\_\_\_\_, 20\_\_\_\_ DEGREE GRANTING PERIOD.

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

Name (Printed): \_\_\_\_\_

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Upon completion, forward this form to the Office of Degree Requirements, 534A Goodell Building, by the posted deadline.

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In addition, I would like my work made available:

- As soon as possible.
- Six months after my degree date (no justification required).
- After a period longer than six months (approval of academic department and Graduate Dean required).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*If neither box is checked then the dissertation will be made available via campus access.

Revised 11-13-08