

GRADUATE SCHOOL - UNIVERSITY OF MASSACHUSETTS AMHERST
DOCTORAL DEGREE ELIGIBILITY FORM – Ph.D. and Ed.D.

SECTION A – To be completed by the candidate

SPIRE ID: _____

ANTICIPATED DEGREE DATE: SEPTEMBER FEBRUARY MAY YEAR _____

NAME - as it appears in SPIRE: _____

DIPLOMA NAME: Review and update your Diploma Name in SPIRE. In the Student Center, under Expected Graduation Term, click on Graduation Data to review and update your Diploma Name. (If a special character is needed and is not available in SPIRE, please email the [Graduate Student Service Center](#).)

DIPLOMA ADDRESS: Your diploma will be sent to the **Mailing Address** that is current in SPIRE at the time of mailing. Please make sure that SPIRE always has the correct mailing address to ensure proper delivery.

EMAIL: _____

PHONE: _____

DEPARTMENT/PROGRAM: _____

DEGREE: _____

DISSERTATION CHAIR: _____

DISSERTATION TITLE: _____

To the best of my knowledge, the information given on this form is correct and complete.

Signature of Candidate: _____ Date: _____

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

SECTION B - To be completed by the 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: _____

After signing this form, give it to the Department Head/Chair for recommendation of degree.

SECTION C - To be completed by the Department Head/Chair

I recommend that the above candidate be awarded the _____ degree at the _____ 20 ____ degree granting period.

Signature: _____ Date: _____

Name printed: _____

When this form is completed and signed, please forward it to the Graduate Student Service Center, 534 Goodell Building, by the posted [deadline](#).