

## EDUCATION SPECIALIST DEGREE ELIGIBILITY FORM

**Please type** – Handwritten forms will not be accepted

**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. Your Diploma Name can be found in the Student Center, under Expected Graduation Term / Graduation Data. If you need a special character for your name that is not available in SPIRE, please email the Graduate Student Service Center at: [degreq@grad.umass.edu](mailto:degreq@grad.umass.edu) and in the email Subject line, enter: Diploma name - special character needed

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

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DEPARTMENT / PROGRAM: Education / \_\_\_\_\_

DEGREE: Education Specialist (Ed.S.)

Date Master’s received: \_\_\_\_\_ College/University received from: \_\_\_\_\_

**SECTION B** – List only graduate courses in chronological order exactly as they appear on your transcript to be counted toward the Ed.S. degree (**must match transcript exactly**).

DEPT.	COURSE NO.	COURSE TITLE	SEMESTER & YEAR TAKEN	CREDIT	GRADE
<b>Total Credits:</b>					

**SECTION C** - To be completed by the degree candidate

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

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Name Typed: \_\_\_\_\_

**After you sign this form, please submit it to the Office of Academic Affairs, W114 Furcolo Hall for verification.**

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**SECTION D** - To be completed by Dr. Shane Hammond, Graduate Program Director, College of Education

*The information furnished by the above named candidate in the Education program has been verified from departmental records and the candidate has completed all program requirements.*

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

Name typed: Dr. Shane Hammond, Graduate Program Director, College of Education

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**SECTION E** - To be completed by Dr. Jennifer Randall, Associate Dean of Academic Affairs, College of Education

*I recommend that the above named candidate be awarded the Education Specialist degree at the  
\_\_\_\_\_20\_\_\_\_\_ degree granting period.*

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

Name typed: Dr. Jennifer Randall, Associate Dean of Academic Affairs, Dean, College of Education

**After signing this form, the College of Education will forward to the Office of Degree Requirements, Graduate School.**

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**INSTRUCTIONS**

Type all entries on this form.

SECTIONS A, B, and C are to be completed by the candidate.

SECTIONS D and E are to be completed by the Office of Academic Affairs.

For SECTION B, please copy and paste the department, course number, and course title directly from your transcript on SPIRE.

**LIST IN CHRONOLOGICAL ORDER ONLY THOSE COURSES THAT YOU WISH TO APPLY TOWARD YOUR EDUCATION SPECIALIST DEGREE.**

Course numbers and titles must match transcript and Form ES-2 exactly. You may list current courses - simply leave the grade column blank for any course without a grade, understanding **all grades for courses on this form must be posted on your transcript by the date final grades are due in order to be reviewed for the degree period.**

**You are responsible for submitting this form with your completed (typed), signed Form ES-2 to the Graduate Program Coordinator in the Academic Affairs Office, W114 Furcolo Hall by the posted College of Education deadline.**