GRADUATE SCHOOL - UNIVERSITY OF MASSACHUSETTS AMHERST

PROFESSIONAL DOCTORAL DEGREE ELIGIBILITY FORM – Au.D. and D.N.P.

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.)

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:_____

PHONE:_____

DEPARTMENT:_____

DEGREE:_____

CAPSTONE PROJECT CHAIR:_____

CAPSTONE PROJECT TITLE:_____

_____

SECTION B – In chronological order, list ONLY graduate courses to be counted toward the degree

Dept.	Course No.	Course Title	Semester/Year Taken	Credits	Grade

			Total Credits:		

SECTION C – To be completed by the candidate

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 D - 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 E - 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:_____

INSTRUCTIONS

Type or print legibly 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 department.

For Section B, it is recommended that you obtain a copy of your transcript from SPIRE for reference:

LIST ONLY THOSE COURSES THAT YOU WISH TO APPLY TOWARD YOUR DEGREE;
List courses chronologically as they appear on the transcript;
You may list current courses - simply leave the grade column blank.

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