

REGISTRAR'S OFFICE GRADUATE DEGREE APPLICATION

Part I: To be completed by candidate Student number: _____
Please type or print clearly in black ink

Name: _____
(As you wish it to be printed on your diploma. Name must be the same on file.)

Diplomas will be mailed out to the address on file .

Program: _____

Degree: (Circle one) MA MS MEd MFA CAGS EDS PhD EdD DNP

Anticipated degree date: May/June 20____ August 20____ December 20____
 year year year

List **only graduate courses** to be counted towards your degree at UMass Boston.

DEPT/COURSE NO.	COURSE TITLE	SEM/YR TAKEN	CREDIT	GRADE

Transfer Credit: ON AND OFF CAMPUS

INSTITUTION	COURSE TITLE	SEM/YR	CREDIT

For courses taken at another institution an official transcript must be on file before transfer credit will be granted.

To the best of my knowledge the information given above is correct and complete.

Signature of candidate: _____ Date: _____

This completed form with the required signatures and the \$180.00 commencement fee is due in the Registrar's Office by the appropriate date indicated on the Registrar's website

Part II (A-E) To be completed and signed by the Graduate Program Director (Indicate Dates)

A. Language Exam: (Indicate Language and Date) _____
Passed _____ Failed _____ Not Applicable _____

B. Capstone Requirement: (Indicate Date)
Passed _____ Failed _____

Capstone requirement consisted of: (this will be notated on the student's transcript)

Please circle type(s):

1. Thesis/Dissertation 2. Written Exam 3. Written Paper 4. Oral Presentation

5. Seminar 6. Project 7. Practicum/Internship 8. Curriculum Unit

9. Other

C. PhD/EdD Oral Exam: (Indicate Date) Passed _____ Failed _____ Not Applicable _____

D. Masters Thesis/Doctoral Dissertation Committee: _____ Not Applicable _____

Thesis/Dissertation and binding fee must be submitted to the Office of Graduate Studies.

E. Graduate Program Director's Approval.

I recommend that _____ be awarded _____ degree/certificate in May/June 20__ August 20__ December 20__. The information furnished by the above named candidate has been verified from my program's records contingent upon: (Check if Applicable)

Current Semester Grade(s)

Comp Exam/General Master's Exam

Capstone Requirement

Thesis/Dissertation Defense

Thesis/Dissertation Binding

Comments: _____

Graduate Program Director's Signature: _____

Date: _____

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