

# CHECKLIST FOR GRADUATE DEGREES, AUGUST 2009

**NON-THESIS:** Fill out the Application for Degree (below) and check with the department/program regarding deadlines for submission of final papers, projects or other requirements. The Graduate School has no additional requirements for non-thesis students.

## THESIS:

TBA

The Office of Student Records will be contacting students regarding the process of filling the **required** Application for Degree. If the completion of requirements are not met, the Office of Student Records and Graduate School must be notified. **If an Application for Degree is not submitted, your degree will not be issued, no exceptions.**

Thursday, August 6th

Final date for submitting Tentative Thesis & Tentative Thesis Acceptance Form to the Graduate School, 5752 Winslow Hall, Room 2. **Tentative thesis will not be reviewed without signed acceptance form. Both need to be submitted no later than 24 hrs. prior to defending.** Allow one week for review (you will be notified via e-mail when your manuscript is ready to be picked up). If you will no longer be on campus, submit a SASE or provide a FedEx or UPS account number and your address.

Friday, August 7th

Final date for oral defense.

Friday, August 14th

Final Thesis and Final Thesis Acceptance Form due in the Graduate School, 5752 Winslow Hall, Room 2. **Thesis will not be accepted without signed acceptance form.** If applicable, also submit a completed ETD (Electronic Thesis Dissertation) form.

Saturday, August 21st

Commencement

## PROGRAM REQUIREMENTS:

- |  |   |
|--|---|
| <input type="checkbox"/> Residency requirement satisfied.  | <input type="checkbox"/> * Schedule Oral Exam (see below).                                  |
| <input type="checkbox"/> Coursework completed.   | <input type="checkbox"/> Oral Exam passed.  |
| <input type="checkbox"/> Preliminary or Comprehensive Examinations passed.   | <input type="checkbox"/> ** Final thesis approved by committee (see below).                 |
| <input type="checkbox"/> Copies of thesis to committee for review<br>(check with program/department for time allotment). | <input type="checkbox"/> Completion of Requirements Form submitted by Graduate Coordinator. |

## GRADUATE SCHOOL REQUIREMENTS:

- ☐ **Registration:** All graduate students must be registered in the semester of their graduation.
- ☐ \* **Notice of Oral Examination Form** to be submitted at least two weeks prior to the defense.
- ☐ **Tentative Thesis Acceptance Form with signatures** and **Tentative Thesis** in correct format (thesis guidelines are available at [www2.umaine.edu/graduate](http://www2.umaine.edu/graduate) . Submit manuscript in a manila envelope with a copy of the title page taped to the front.
- ☐ Pick up tentative thesis from the Graduate School and review format corrections with thesis consultant if necessary.
- ☐ \*\* **Final Thesis Acceptance Form with signatures** and one unbound, original **Final Thesis on plain, white, 25% cotton fiber, bond paper** in a manila envelope with a title page taped to the front.
- ☐ **ETD submission approval form (required of students in Computer Science and Spatial Information Science and Engineering).** All other disciplines are strongly encouraged to participate.
- ☐ **Library Rights Statement** - original, signed and dated (see sample in Thesis Guidelines).
- ☐ Two additional copies of the **title page** and **abstract** on bond paper.

## FORMS REQUIRED FOR DOCTORAL CANDIDATES

- ☐ Dissertation Publishing Microfilming Agreement and a check for \$65.00 made payable to The University of Maine
- ☐ Completion of Requirements Form (Completed by Graduate Coordinator)
- ☐ Survey of Earned Doctorates Booklet

PLEASE NOTE: ALL Graduate School forms and documents are available on our website ([www2.umaine.edu/graduate](http://www2.umaine.edu/graduate)), on FirstClass, or from the Graduate School.



A Member of the University of Maine System

## Graduate Application for Graduation

Office of Student Records  
The University of Maine  
5781 Wingate Hall, Room 100  
Orono, ME 04469-5781 (207) 581-1310 • FAX (207) 581-1314  
umrecord@maine.edu • studentrecords.umaine.edu

**This is a fill-in form. Click in fields to type text.**

**Apply by: March 15 for May, July 15 for August, and November 15 for December completion.**

In complying with the letter and spirit of applicable laws and in pursuing its own goals of diversity, the University of Maine shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, national origin or citizenship status, age, disability, or veterans status in employment, education, and all other areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination in any area of the University should be directed to Executive Director of Equal Opportunity and Diversity, 101 North Stevens, telephone (207) 581-1226 (voice and TDD).

I PLAN TO GRADUATE IN: MAY \_\_\_\_\_ (year) AUGUST \_\_\_\_\_ (year) DECEMBER \_\_\_\_\_ (year)

☐ I PLAN TO ATTEND THE MAY \_\_\_\_\_ (year) COMMENCEMENT CEREMONY or

☐ I DO NOT PLAN TO ATTEND THE MAY COMMENCEMENT CEREMONY

If you are attending the ceremony, and require special accommodations for yourself or a guest, (wheelchair user, mobility impairment, deaf/hard of hearing, etc.) indicate by checking the appropriate box: SELF ☐ GUEST ☐

(You will be contacted by e-mail several weeks prior to the ceremony with detailed information.)

**NAME (This is how your name will appear on your diploma.), DEGREE AND MAJOR:**

NAME \_\_\_\_\_

DEGREE AND MAJOR \_\_\_\_\_

**COMMENCEMENT INFORMATION WILL BE SENT TO LOCAL ADDRESS:**

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE ZIP \_\_\_\_\_

**ADDRESS TO MAIL DIPLOMA: (Diplomas are mailed approximately 10 weeks after graduation.)**

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE ZIP \_\_\_\_\_

**TITLE OF THESIS OR DISSERTATION FOR INCLUSION IN THE COMMENCEMENT PROGRAM:**

Advisor Name: (doctoral candidates only) \_\_\_\_\_

**PLEASE NOTIFY US IN WRITING OF ANY CHANGES IN THE ABOVE INFORMATION.**

\_\_\_\_\_ ID/SOCIAL SECURITY NUMBER

DATE: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

Send to [GradApply@umit.maine.edu](mailto:GradApply@umit.maine.edu) as an attached document  
or print and mail to address above.



## NOTICE OF ORAL EXAMINATION

**E-mail the information below to [poisson@maine.edu](mailto:poisson@maine.edu)**

or

Submit to The Graduate School at least two weeks prior to the examination

### **PLEASE TYPE OR PRINT CLEARLY**

Student's Name: \_\_\_\_\_

Degree Program: \_\_\_\_\_

### **ORAL EXAMINATION:**

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

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Members of Committee: \_\_\_\_\_  
Advisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

Title of Thesis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## TENTATIVE THESIS ACCEPTANCE FORM

This is to certify that we have read the thesis of:

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(E-mail)

and recommend that it is sufficiently complete in order for the student to undertake the final oral examination.

Committee Signatures:

\_\_\_\_\_  
Signature Date (Thesis Advisor)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## ORAL EXAMINATION AND FINAL THESIS ACCEPTANCE FORM

This form is used to grant final approval for a thesis. The thesis is voted on in Section 1. Upon submission of the final thesis, after the oral defense, the Committee Chair is to indicate acceptance of the completed, revised thesis in Section 2.

### SECTION 1: Oral Examination

To the Dean of The Graduate School:

\_\_\_\_\_, a major in \_\_\_\_\_  
 \_\_\_\_\_, has completed an oral examination as described in Section 9 of  
 the Policies and Regulations of the Graduate School.

Oral Examination Committee Signatures:

#### Affirmative Vote:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Negative Vote:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

### SECTION 2: Final Thesis Acceptance

The above named student has submitted his/her thesis, in its final form.

The Committee has: \_\_\_\_\_ **Approved**

\_\_\_\_\_ **Disapproved**

\_\_\_\_\_  
 (Committee Chair)

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

**If applicable:** The experimental design included in the final thesis has received the appropriate human/animal subjects approval.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

### SECTION 3: Graduate Coordinator Approval (sign and forward to the Graduate School)

\_\_\_\_\_  
 (Graduate Coordinator)

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



## COMPLETION OF REQUIREMENTS

MAY \_\_\_\_ AUGUST \_\_\_\_ DECEMBER \_\_\_\_

This checklist is to be completed and signed by the **Graduate Coordinator** to indicate that the records of the student named below have been reviewed, and that the student has met all of the requirements for graduation. Please return this form to The Graduate School after checking the student's transcript.

Student: \_\_\_\_\_ I.D. # \_\_\_\_\_

Ph.D. \_\_\_\_\_ Ed.D. \_\_\_\_\_ M.S. \_\_\_\_\_ M.Ed. \_\_\_\_\_ M.A. \_\_\_\_\_ M.A.T. \_\_\_\_\_ C.A.S. \_\_\_\_\_

M.A. \_\_\_\_\_ M.S. \_\_\_\_\_ (Continuing on for a doctoral degree)

Professional Degree (Identify) \_\_\_\_\_ Certificate Program \_\_\_\_\_

Department: \_\_\_\_\_ Advisor: \_\_\_\_\_

Total degree hours required (Ph.D. exclude Masters hours): \_\_\_\_\_

Thesis program: YES \_\_\_\_ NO \_\_\_\_ Degree hours obtained to date: \_\_\_\_\_

Degree hours currently taking: \_\_\_\_\_

List any courses with INCOMPLETE grades: \_\_\_\_\_

Is student approved to graduate with these INCOMPLETE grades? YES \_\_\_\_ NO \_\_\_\_

If no, list course(s) that must be completed: \_\_\_\_\_

If any grades less than B- are approved for graduate credit, please indicate:

\_\_\_\_\_

The above named student has completed all requirements for the degree of:

\_\_\_\_\_, including course

work, thesis credits, comprehensive examinations, language examinations, residency requirements and all other

departmental requirements. I have checked the student's transcript, and graduation is:

**APPROVED** \_\_\_\_\_

**DISAPPROVED** \_\_\_\_\_

\_\_\_\_\_  
 (Graduate Coordinator)

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

Application for degree: \_\_\_\_\_

Revised 10/06