

CHECKLIST FOR GRADUATE DEGREES, December 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

- Nov. 15th **Deadline** for filing of on-line Application for Degree with the Office of Student Records. (<http://studentrecords.umaine.edu/graduation/applygrad.htm>) If the following completion of degree deadlines are not met, the Office of Student Records must be notified. Call Lisa Stilley at 581-1303 to re-apply for the new semester you intend to graduate. **If an Application for Degree is not submitted, your degree will not be issued, with no exceptions.**
- Thurs., Dec. 3rd Final date for submitting Tentative Thesis and Tentative Thesis Acceptance Form to the Graduate School, 5755 Stodder Hall, Room 42. **Tentative thesis will not be reviewed without signed acceptance form. Both need to be submitted no later than 24hrs. prior to the oral defense.** 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 a return address.
- Friday, Dec. 4th Final date for oral defense.
- Friday, Dec. 11th **Final Thesis and Final Thesis Acceptance Form** due in the Graduate School, 5755 Stodder Hall, Room 42. **Thesis will not be accepted without signed acceptance form.** If applicable, also submit a completed ETD (Electronic Thesis Dissertation) form.
- Friday, Dec. 18th **Graduation**

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
(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). 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)
- ☐ **Thesis/Dissertation/Project Acceptance Statement** signed and dated by Committee Chair
- ☐ **Two additional copies of the title page and abstract** on bond paper

FORMS REQUIRED FOR DOCTORAL CANDIDATES

- ☐ Dissertation Publishing Microfilming Agreement and appropriate fee. (Make check payable to The University of Maine)
- ☐ Completion of Requirements Form (Completed and signed by Graduate Coordinator)
- ☐ Survey of Earned Doctorates Booklet

ALL Graduate School forms and documents are available on our website (www2.umaine.edu/graduate), on the Graduate School Conference (First Class), or directly in the Graduate School office 42 Stodder Hall.



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 as an attached document
or print and mail to address above.



NOTICE OF ORAL EXAMINATION

E-mail the information below to 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