This form outlines the 6 steps of your degree progress and indicates the forms you will need to fill out during that process. For each of these forms, 1) print, fill out, and obtain appropriate signatures, 2) submit original to Biology Office/Graduate Program Director, and 3) after the GPD’s sign we will provide you with a photocopy for your own records and keep the originals in your graduate file.

1. **REQUIREMENTS**
   - Program: ___ MOB, ___ EB ___ BMBT or ___ SMS
   - Name of Research Advisor
     - Name: ______________________
     - Advisor Change? Name____________________
   - Selection Academic Advisory Committee (PHDF-02)
     - Due by end of 2nd semester
   - Program of Study (PHDF-03)
     - Filled in each semester by student. Will be used to fill in “Registrar’s Office Graduate Degree Application” form at the end of degree

2. **QUALIFYING EXAMS and DEPARTMENTAL SEMINAR**
   - Written Comprehensive Qualifying Exams
     - Written Comprehensive Qualifying Exam Intent (PHDF-04)
     - Written Comprehensive Qualifying Exam Results (PHDF-05)
   - Oral Qualifying Exam
     - Oral Qualifying Exam Intent (PHDF-06)
     - Oral Qualifying Exam Results (PHDF-07)
   - Departmental Seminar
     - Department Seminar Intent (PHDF-08)
     - Department Seminar Results (PHDF-09)

3. **CANDIDACY AND DISSERTATION COMMITTEE**
   - Candidacy (After course work, exams, and seminar given and passed)
     - GPD fills out and submits
       - Office of Graduate Studies (OGS) Dissertation Tracking Form: Stage 1: Candidacy
         - Dissertation Advisory Form (PHDF-10)
       - PHDF-10 filled out by students, then
         - GPD fills out and submits
           - OGS Dissertation Tracking Form: Stage 2 Dissertation Committee
   - Dissertation Proposal
     - GPD fills out and submits
       - OGS Dissertation Tracking Form: Stage 3 Dissertation Proposal Acceptance

*Continues on Next Page*
Checklist (PHDF-01)

4. **GRADUATION INTENT**
   a. Biology Intent to Graduate Form (PHDF-11)
      i. Must have approval from your advisor and committee that
         you are going to be ready to defend/complete your degree
         before filling out item 2b (Registrars Office Graduate
         Degree Application Form) and pay graduation fees (2c)
   b. **Registrar Office Graduate Degree Application Form**
      i. Part I of form filled out by student/candidate
      ii. Send to Registrar's Office
      iii. Part II of form filled out by the GPD
   c. Pay for Graduation Fees

5. **DISSERTATION DEFENSE**
   a. Ph.D Defense Announcement (PHDF-12)
      a. Arrangements for defense must be made through the
         Biology Department office with Program Coordinator
         at least 4 weeks (at least 28 days; OGS Requirement)
         in advance
      b. Check Graduate School deadlines, usually occurs in
         April for May/June graduation and November for
         December graduation).
      c. GPD fills out and submits
         i. OGS Dissertation Stage 04 Dissertation Intent
            Form
   b. PhD Defense Results (PHDF-13)
      a. Bring this form to defense
      b. GPD fills out and submits
         i. OGS Dissertation Stage 05 Dissertation Defense Form

6. **DISSERTATION COMPLETION**
   a. Submit **Initial** Online Submission*
      ii. Due Dates (by 11:59 PM EST/EDT): April 10
          for June Graduation Date; August 1 for August
          Graduation Date; December 1 for December
          Graduation Date
   b. Pay Thesis Binding Fee as part of Initial Submission
      iii. Mandatory 2 copies – Library and Department
   c. Turn in Signatory Page to Format Editor
      iv. Make copy for student file in Bio Office
   d. Submit **Final** Online Submission (by by 11:59 PM EST/EDT)
      v. Due Dates: May 15 for June Graduation Date;
         August 20 for August Graduation Date;
         December 20 for December Graduation Date
By the end of the student's second semester in the PhD Program, the student and academic advisor will choose a 4 person Academic Advisory Committee (AAC) and will submit this proposed committee for approval to the Graduate Program Director (GPD). The AAC consists of the research advisor and 3 additional faculty members in the student’s area of interest. If an AAC member is to be replaced, the research advisor must submit a memo to the GPD indicating who the new member is and who is being replaced. Then new member must sign this original form.

<table>
<thead>
<tr>
<th>Student Name</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td>Member Signature</td>
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<td>Member Signature</td>
<td>Date</td>
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<tr>
<td>Member #4 Name</td>
<td>Member Signature</td>
<td>Date</td>
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<tr>
<td>Additional Member Name</td>
<td>Member Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Replacement Member Name</td>
<td>Member Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Graduate Program Director Name</td>
<td>GPD Signature</td>
<td>Date</td>
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</tbody>
</table>
**Transcripts will be required for transferred courses and be approved by the GPD for use toward completion of degree requirements.**

**NOTE:** A copy of this form is to be filled in each semester by the student and turned in to the Graduate Program Coordinator. A final completed version of this form, and a copy of your transcripts need to be turned in with the “Registrar’s Office Graduate Degree Application” form (this form will be used along with a copy of your transcripts, to complete the “Registrar’s Office Graduate Degree Application” Form.)
University of Massachusetts Boston-Biology

PhD Written Comprehensive Examination Intent Form (PHDF-04)

Please submit this form to the Graduate Student Coordinator in the Biology Office. In order to schedule exam rooms, we ask that students and their advisors schedule their written exams 2-4 weeks in advance. Students must discuss their exam taking wishes with their advisors and their committee well in advance. The Graduate Coordinator will inform the student and the research advisor of the room in which the exams will take place.

I, ______________________________, hereby declare my intention to take the PhD Written Comprehensive Examination to be administered by my doctoral advisory committee on ___/___/20___ to ___/___/20___.

Student ID #    Student Signature    Date

Research advisors, please indicate extra or non-standard instructions for the exam here:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Research Advisor (print)    Signature    Date
University of Massachusetts Boston - Biology

Results of Written Comprehensive Exam Form (PHDF-05)

Graduate Program in

MCOB_____ EB_____ BMEBT_____ SMS_____

This is to certify the results of the written comprehensive examination taken by:

_____________________________________________ on ___/___/20___ to ___/___/20___

Name

PhD Academic Advisory Committee (Print Names):

Research Advisor ________________________________

Member _________________________________________

Member _________________________________________

Member _________________________________________

OVERALL

___________________________________

Evaluation (Pass/Fail; High Pass, Pass, Low Pass, or Fail)

Academic Advisory Committee’s suggested course of action to rectify any perceived deficiency:

___________________________________

___________________________________

___________________________________

Student ID #    Student Signature    Date

Research Advisor (print)    Signature    Date

GPD (print)    Signature    Date
University of Massachusetts Boston-Biology

PhD Oral Qualifying Exam Intent Form (PHDF-06)

Please submit this form to the Graduate Student Coordinator 2-4 weeks before scheduling the Oral Qualifying Exam.

I, ____________________________, hereby declare my intention to take the PhD Oral Qualifying Examination to be administered by my academic advisory committee on ___/___/20___ from ____am/pm to ____am/pm.

________________________ _____________________  ____________
Student ID #    Student Signature         Date

________________________ _____________________  ____________
Research Advisor (print)  Signature          Date
University of Massachusetts Boston- Biology

Results of Oral Qualifying Exam Form (PHDF-07)

Graduate Program in

MCOB______ EB______ BMEBT______ SMS______

This is to certify the results of the oral qualifying examination taken by:

___________________________________________(Print name) on ___/___/20___. The title of the dissertation proposal is:

__________________________________________________________________________________________
__________________________________________________________________________________________

PhD Academic Advisory Committee (Print Names and Sign): Evaluation (Pass/Fail; High Pass, Pass, Low Pass, Fail)

Research Advisor ___________________________________ _________________________________

Member___________________________________________ _________________________________

Member___________________________________________ _________________________________

Member___________________________________________ _________________________________

OVERALL

________________________ _____________________  ____________

Academic Advisory Committee’s suggested course of action to rectify any perceived deficiency with the Oral Qualifying Exam or the dissertation proposal:

__________________________________________________________________________________________
__________________________________________________________________________________________

Student ID #    Student Signature   Date

________________________ _____________________  ____________

GPD (print)    Signature            Date

8
I, ______________________________, hereby declare my intention to present a departmental seminar in the FA/SP (circle) semester of 20___.

The title of my seminar is:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please provide the Graduate Coordinator and Departmental Seminar Chair(s) with your abstract and a announcement image at least 2 weeks prior to your seminar. A copy of this intent will be given to the Departmental Seminar Chairs to scheduling.

________________________ _____________________  ____________
Student ID #    Student Signature   Date

________________________ _____________________  ____________
Research Advisor (print)    Signature    Date
University of Massachusetts Boston- Biology

Results of Departmental Seminar Form (PHDF-09)

Graduate Program in

MCOB_____ EB_____ BMEBT_____ SMS_____

This form should be brought to the departmental seminar on the day the student presents to be filled out by the student and the advisor.

This is to certify that ________________________________ (print name) gave a Departmental Seminar on ___/___/20___. The title of the seminar was:

__________________________________________________________________________________________
__________________________________________________________________________________________

________________________________________  _____________________  ____________
Student ID #    Student Signature   Date

________________________________________  _____________________  ____________
Research Advisor (print)    Signature   Date

________________________________________  _____________________  ____________
GPD (print)    Signature    Date
After becoming a candidate for the PhD, the student must choose a dissertation advisor and committee. The dissertation advisory committee (DAC) typically has 5 members: 4 members of the AAC and 1 member from outside the department. With the approval of the GPD and the Graduate Committee, faculty from outside the Biology Department or non-UMass Boston faculty will be permitted to co-sponsor a student’s dissertation work. If a DAC member is to be replaced, the research advisor must submit a memo to the GPD indicating who the new member is and who is being replaced. Then new member must sign this original form.

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</table>
University of Massachusetts Boston - Biology

PhD Biology Intent to Graduate Form (PHDF-11)

Graduate Program in

___ MCOB, ___EB ___BMEBT or ___SMS

Before filling out the form, the graduate student must have received the approval of their advisory committee. This form is to be filled out by the graduate student and advisor and submitted to the Graduate Program Director. After this form has been signed by the GPD, the student may fill out Part I of the “Registrar Office Graduate Degree Application” form and submit it to the GPD.

We certify that __________________________________________ has discuss their plans to finish their degree in the ________________ semester of 20_____ with their advisory committee and the committee has agreed. The graduate student may fill out the Graduate Studies Intent to Graduate Form and pay their graduation fees.

NOTES:

Graduate Student Signature: _______________________________ Date: __________

Research Advisor Signature: _______________________________ Date: __________

Graduate Program Director Signature: __________________________ Date: __________
Dissertation Defense Announcement Form (PHDF-12)

I have communicated with my committee and they have approved my intent to defend my dissertation. I hereby declare my intention to present a Dissertation Defense for the Ph.D. ___ MCOB, ___ EB ___ BMEBT or ___ SMS to occur on: ___/___/20___ at _________ am/pm.

The approved title* of my defense will be:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**Please attach (as well as email), to the Grad Program Coordinator, a copy of your approved abstract to this form a minimum of 35 days prior to your defense.

Name of Student                   Signature of Student
_______________________________________                  ______________________________
Student ID #                      Date
________________________________________     _____________________        ____________
Research Advisor (print)         Signature                     Date

**This form MUST be turned in a minimum of 35 days prior to the defense so that the GPD/Graduate Program Coordinator may forward this information to Graduate Studies. All defenses are public to the university community and as such, the Office of Graduate Studies mandates official notification of dissertation defenses no less than 30 days prior to said defense. Official notifications are also made to the CSM Dean’s Office and through the University Front Page event notification page.

_______________________________________                  ______________________________
GPD Name (print)                     Signature                     Date
PhD Dissertation Defense Results Form (PHDF-13)

Graduate Program in

MCOB______ EB______ BMEBT______ SMS______

This document is to be brought to the dissertation defense and signed at the end of the defense and following meeting for documentation of the defense date and outcome. NOTE: The dissertation signatory page (not included here) is documentation that the actual written dissertation satisfies the committee and graduate program.

This is to certify that _______________________________ (student name) defended their dissertation on ___/___/20___. The title of their dissertation is:

__________________________________________________________________________________________
__________________________________________________________________________________________

Doctoral Advisory Committee Names:

Research Advisor ____________________________
Member #2_________________________________
Member #3 _________________________________
Member #4 _________________________________
External Member ____________________________

OVERALL       ___Pass  __Fail

Doctoral Advisory Committee’s suggested course of action to rectify any perceived deficiency on oral defense or written document (if edits to dissertation are required, briefly note):

Signatures Required:

Student __________________________________________ Date _____________
Research Advisor ________________________________ Date _____________
Graduate Program Director _________________________ Date _____________