



Office of the Registrar
 University of Massachusetts Boston
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 Boston, Massachusetts 02125-3393
 617-287-6200, Fax 617-287-6242
 Email: graduate.records@umb.edu
 www.umb.edu/registrar

GRADUATE DEGREE APPLICATION

Part I: Candidate Information – Complete only Part I

Student Name: _____
(Please print clearly as you wish it to appear on your diploma. Name must be the same one we have on file.)

Student Number: _____ **Email address (required):** _____

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

Plan/Major: _____ **Subplan/Track (if applicable):** _____

Anticipated degree date: May 20 ____ August 20 ____ December 20 ____

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 TAKEN	CREDIT

For courses taken at another institution an official transcript and a transfer credit approval form must be on file in the Registrar’s Office before transfer credit will be granted.

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

Signature of candidate: _____ Date: _____

Part II: (A-E) Graduate Program Director Evaluation (Must be completed by GPD)

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

D. Graduate Program Director's Approval

I recommend that _____ be
awarded _____ degree/certificate in
May 20__ August 20__ December 20__. The information furnished by the above named candidate
has been verified from my program's records.

Anticipate degree requirements being met: _____ **Date:** _____

Name of Graduate Program Director: _____

Signature of Graduate Program Director: _____

Degree requirements not met: _____ **Date:** _____

Anticipate new degree date: _____

Comments: _____

Student must complete the following (Circle what applies):

Capstone Requirement Comp Exam/General Master's Exam Thesis/Dissertation Defense
Thesis/Dissertation Binding Other: _____

Name of Graduate Program Director: _____

Signature of Graduate Program Director: _____