

This completed form with the required signatures and the \$150.00 commencement fee is due by the date indicated at: www.registrar.umb.edu/audits.html

Transfer Credit: ON AND OFF CAMPUS

INSTITUTION	COURSE TITLE	SEM/YR TAKEN	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: _____

Part I: To be completed by Program Director

A. Date admitted to candidacy _____

B. PhD Oral Exam: (Indicate Date) Passed _____

C. Doctoral Dissertation Committee: _____

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

D. Graduate Program Director's Approval.

I recommend that _____ be awarded _____ degree/certificate in May/June 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)

Dissertation Defense

Dissertation Binding

Comments: _____

Graduate Program Director's Signature: _____

Date: _____

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