MASTER'S DEGREE ELIGIBILITY FORM FOR NON-THESIS STUDENTS

Please type – See form completion instructions at bottom of second page. Handwritten forms will not be accepted. **SECTION A** – To be completed by the degree candidate SPIRE ID: _____ ANTICIPATED DEGREE DATE: SEPTEMBER ___ FEBRUARY ___ MAY ___ YEAR: ____ NAME – As it appears in SPIRE: DIPLOMA NAME: Review and update your Diploma Name found in SPIRE (Student Center > Expected Graduation Term > Graduation Data). If you need a special character for your name that is not available in SPIRE, please email the Graduate Student Service Center at: degreq@grad.umass.edu DIPLOMA ADDRESS: Review and update your Diploma Address and Home Email Address, found in SPIRE (Student Center > Expected Graduation Term > Graduation Data). Your diploma will be mailed to your Diploma Address. Communications regarding the mailing of your diploma, as well as information on how to purchase an electronic diploma, will be sent to your home email address. EMAIL ADDRESS: PHONE: DEPARTMENT / Program: Education / DEGREE: M.Ed.

SECTION B – LIST IN **CHRONOLOGICAL ORDER FROM YOUR TRANSCRIPT ONLY** the GRADUATE COURSES TO BE COUNTED TOWARD THE M.Ed. **All information including abbreviated course titles must match your transcript exactly.**

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DEPT.	COURSE	COURSE TITLE	SEMESTER &	CREDITS	GRADE
	NO.		YEAR TAKEN		
			Total Credits:		

SECTION C – To be completed by the degree candidate (student)

To the best of my knowledge, the information given on this fo	orm is correct and complete.
Signature of Candidate:	Date:
Name typed:	
After you sign this form, please give it to your ADVISOR for a If you are in a licensure program of study, you must check with you have been completed.	• •
SECTION D – To be signed by the ADVISOR (the faculty member assigned as the degree candidate's (student	's) ADVISOR in the College of Education)
Signature of Advisor:	Date:
Name typed:	
Complete forms should be submitted to Kristin Tyler, Gradua of Education's Office of Academic Affairs, W114 Furcolo Hall,	
SECTION E - To be completed by Dr. Shane Hammond, Asso Program Director, College of Education	ciate Dean for Student Success and Graduate
The information furnished by the above named candidate in a departmental records and the candidate has completed all pa	
I recommend that the above candidate be awarded the M.Ed	l. degree at the
20 degree gran	nting period.
Signature:	Date:
Name typed: Dr. Shane Hammond, Associate Dean for Student Su College of Education	ccess and Graduate Program Director,
The Office of Academic Affairs will submit this form to the Graduate Stud	lent Service Center, 534 Goodell, by posted deadline.
INSTRUCTIO	ONS

Type all entries on this form.

SECTIONS A, B*, and C are to be completed by the degree candidate (student). **SECTION D** is to be completed by the degree candidate's (student's) advisor. **SECTION E** is to be completed by the Office of Academic Affairs.

For *SECTION B,

- List the department, course number, abbreviated course titles, semester / year taken, credits, and grade (if a grade is posted) as they appear on your transcript on Spire.
- List courses chronologically as they appear on your transcript; list only those courses that you wish to apply toward your M.Ed.
- You may list current courses leave the grade column blank for any course without a grade.
- All grades for courses on this form must be posted on your transcript by the date final grades are due in order to be reviewed for the degree period.

You are responsible for ensuring that this form has been submitted to the Graduate Programs Manager in the Academic Affairs Office, W114 Furcolo Hall by the posted College of Education deadline.