

EDUCATION SPECIALIST DEGREE ELIGIBILITY FORM

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: Education Specialist (Ed.S.)

Date Master’s received _____ College/University received from: _____

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

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

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

To the best of my knowledge, the information given on this form is correct and complete.

Signature of Candidate: _____ Date: _____

Name typed: _____

After you sign this form, please give it to your ADVISOR for approval and signature, Section D below.
If you are in a licensure program of study, you must check with your ADVISOR to ensure that all licensure requirements 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: _____

Completed forms should be submitted to Kristin Tyler, Graduate Programs Manager in the College of Education’s Office of Academic Affairs, W114 Furcolo Hall, for verification.

SECTION E - To be completed by Dr. Shane Hammond, Associate Dean for Student Success and Graduate Program Director, College of Education

The information furnished by the above named candidate in the Education program has been verified from departmental records and the candidate has completed all program requirements.

*I recommend that the above candidate be awarded the Ed.S. degree at the
_____ 20_____ degree granting period.*

Signature: _____ Date: _____

Name typed: Dr. Shane Hammond, Associate Dean for Student Success and Graduate Program Director,
College of Education

The Office of Academic Affairs will submit this form to the Graduate Student Service Center, 534 Goodell, by posted deadline.

INSTRUCTIONS

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 title, 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 Ed.S.
- 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.