

FORMS PACKET

Department of Psychology
University of Notre Dame
Notre Dame, IN 46556

(Rev. 8/15)

FORM SV-A

SERVICE/TEACHING REQUIREMENT COMPLETION FORM

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggard Hall) upon completion of your service/teaching requirement. If your service was completed as a teaching assistant, have your supervising faculty member sign this form. If your service was completed as an instructor of record, have the Graduate Director sign this form. If your service was completed in a different capacity, have the supervisor for your work or the Graduate Director, sign this form.

Student's name:

Date:

Date of Service/Teaching 1st Semester:

Service/Teaching Assignment:

Supervisor's printed name & signature:

Date of Service/Teaching 2nd Semester:

Service/Teaching Assignment:

Supervisor's printed name & signature:

FORM MP-A

MA PROPOSAL DEFENSE APPLICATION
(COMPREHENSIVE ORAL MASTER'S EXAMINATION)

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggar) to request the Graduate Committee's approval of your MA thesis committee and to specify the date of your MA thesis proposal defense meeting, which constitutes the Graduate School's comprehensive oral master's examination.

Student's name: _____ Date: _____ Year entered: _____

Tentative thesis title: _____

Approval requested for the following MA thesis committee:

Advisor's name: _____

Member's name: _____

Member's name: _____

Proposal defense meeting scheduled for

Date: _____ Time: _____

Location: ___ 116 Haggar Hall ___ Other:

(Advisor's signature)

Graduate Committee approval granted by

(Director of Graduate Studies)

FORM MP-R

MA PROPOSAL REPORT
(COMPREHENSIVE ORAL MASTER'S EXAMINATION)

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggar) to record the outcome of your MA thesis proposal defense in your file. Passing the defense fulfills the Graduate School's comprehensive oral master's examination requirement.

Student's name: _____ Date of form: _____

Date of MA proposal meeting:

Outcome of MA proposal meeting

_____ Pass

_____ Fail (One retake permitted.)

(Advisor's printed name & signature)

(Committee member's printed name & signature)

(Committee member's printed name & signature)

FORM MD-A

MA THESIS DEFENSE APPLICATION

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggar) to schedule your MA thesis defense meeting. Remember also to submit two Reader's Cards, which are available on the Graduate School's web site at <http://graduateschool.nd.edu/resources-for-facultystaff/>. Your advisor signs the thesis and does not need a Reader's Card.

Student's name: _____ Date: _____

Thesis Title: _____

Advisor's name: _____

Member's name: _____

Member's name: _____

Meeting requested for:

Date: _____ Time: _____

Place: _____

(Advisor's signature)

Graduate Committee approval granted by

(Director of Graduate Studies)

FORM MD-R

MA DEFENSE REPORT

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggar) to record the outcome of your thesis defense meeting in your file. If the defense is successful, then apply for the master's candidacy by submitting Form MC-A (MA Candidacy Application).

Student's name: _____ Date: _____

Date of defense meeting: _____ Time: _____

Outcome of master's thesis defense meeting:

____ Pass

____ Fail

(Advisor's printed name & signature)

(Reader's printed name & signature)

(Reader's printed name & signature)

FORM MC-A

MA CANDIDACY APPLICATION

Note: Admission to MA candidacy is a prerequisite to receiving the degree. Submit this form to the Graduate Program Administrative Assistant (118 Haggar) as soon as you pass your master's thesis defense. The graduate program administrative assistant will prepare the application for admission to MA degree candidacy to be signed by you, your thesis director/advisor, & the graduate director, and then submits it to the Graduate School.

Student's Name:

Date:

Name of Thesis Director:

MA degree is expected: ____ Jan ____ May ____ Aug 20 ____

Total credit hours completed = *earned hours* at the end of last semester:Course credits completed = *GPA hours* at the end of last semester:

Number of credits you are taking in the current semester:

Cumulative GPA (current):

Does the Graduate School have your undergraduate transcript showing conferral of degree?

____ Yes

____ No

Do you plan to continue to work toward your doctoral degree?

____ Yes

____ No

Your name as you would like it to appear on your diploma:

Your hometown (to be listed on diploma and in Commencement Bulletin):

The following subject for your thesis has been approved:

Name of Student

FORM DW-A

APPLICATION FOR DOCTORAL STUDENTS TO TAKE THE WRITTEN DOCTORAL CANDIDACY EXAMINATION

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggar) to formally apply to take the written doctoral candidacy examination and to identify the area of the examination. Consult your area's graduate requirements document for information about the exam's format. **This application is due six weeks before the start of the semester in which the examination is to be completed.**

- ___ I have successfully defended my Master's thesis.
 or
 ___ I have not yet defended my Master's thesis, but I have received an exemption from the Graduate Committee to take prelims before completing the thesis.

Student name:	Exam to be completed
Advisor name:	___ Fall Semester
Major Area:	___ Spring Semester
Date form submitted:	Year: 20___

Cognition, Brain, & Behavior	Clinical	Developmental (indicate option)	Quantitative a written exam plus option A or B (indicate option)
___ Dissertation Proposal	___ A: literature review manuscript	___ A: written exam* ___ B: grant proposal ___ C: Paper Option	___ A: additional 4 hour exam* ___ B: 15-20 page paper

*Written exams usually occur in August for Fall Semester and in January for Spring Semester.

 (Student's signature)

 (Advisor's signature)

 (Graduate Director's signature)

Students are to sign this form and obtain their advisor's signature. They should give a photocopy of it to their Area Director and submit the original to the Graduate Program Administrative Assistant (118 Haggar). The graduate program administrative assistant will obtain the Graduate Director's signature.

FORM – DW-B

WRITTEN DOCTORAL CANDIDACY EXAMINATION
REPORTING FORM

Note: Submit this form to the Graduate Program Administrative Assistant (118 Haggar) as soon as you have passed your written doctoral candidacy examination. It serves as a record the examination's outcome and will be placed in your department file. Passing the written doctoral candidacy examination fulfills the written component of the Graduate School's Doctoral Candidacy Examination.

Student's Name:

Date:

Date of Written Doctoral Candidacy Examination:

Outcome of Written Doctoral Candidacy Examination:

 Pass Fail

(Advisor's printed name & signature)

(Area Director's printed name & signature)

FORM DO-A

DOCTORAL ORAL CANDIDACY EXAM APPLICATION

(Defense of the proposal of the dissertation, the oral component of the Doctoral Candidacy Exam)

Note: There is **no scheduling form for oral candidacy exams/defenses**. Instead, students complete this form as soon as the exam/defense details have been confirmed and submit it to the Graduate Program Administrative Assistant (118 Haggar). The graduate program administrative assistant will email the information to the Graduate School and ensure that the committee is informed of the exam/defense details (e.g. date, time, location, etc.) and the basic exam/defense procedures. The graduate school program administrative assistant also will give a typed **Reporting Form** to the student prior to the exam/defense.

Student's Name: _____

Student's 900#: _____

Department Program Area: _____

Date of exam: _____

Time of exam: _____

Place of exam: _____

Names & departments of all committee members (including those who are off-campus):

Graduate Committee approval granted by

(Director of Graduate Studies)

FORM DO-R

REPORTING FORM FOR RESULTS OF ORAL CANDIDACY EXAM AND DISSERTATION DEFENSE

This form serves as the official record of the exam/defense and is to be signed by all committee members. Passing the oral defense of the dissertation proposal fulfills the Graduate School's Doctoral Candidacy Oral Exam requirement. A supervising faculty member, typically the advisor, should chair the exam and return the completed form to the graduate program administrative assistant (118 Haggar) who in turn will send the form via campus mail to: Maureen Collins (502 Main Building) within 5 business days. Committee members participating off-campus who are unable to physically sign the form should promptly send an email acknowledging their vote to: Judy Stewart (Stewart.47@nd.edu).

900#:

Candidate's name:

(Last) (First) (Middle)

Psychology Program Area:

Reporting on: Oral Candidacy Exam Dissertation Defense

Date of exam/defense: _____ **Time of exam/defense:** _____

Location of exam/defense:

Committee members: (please type)	Signature:	Vote (P/F):
_____ (Advisor)	_____	_____
_____ (Co-Advisor if applicable)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Committee Members Present:

Comments:

FORM DC-A

APPLICATION FOR ADMISSION TO DOCTORAL DEGREE CANDIDACY

Note: Admission to doctoral candidacy is a prerequisite to receiving the degree. Students are to submit this form to the graduate program administrative assistant (118 Haggar) as soon as they have passed their dissertation proposal defense (the oral doctoral candidacy exam). The graduate program administrative assistant will prepare the Application for Admission to Doctoral Candidacy form and send it to the Graduate School.

Student's name:

Date:

Advisor's name:

Expected Graduation Date: ___ Jan ___ May ___ Aug 20___

If you plan to receive your Ph.D. in August, you must register for 1 credit in that Summer Session (register for Research & Dissertation).

Have you continuously registered each fall & spring semester since your admission?

___ Yes ___ No

Dissertation title:

Course credits completed (GPA hours):

Cumulative GPA:

Credit hours completed (earned hours):

Number of credits you are taking this semester:

Your name as you would like it to appear on diploma:

Hometown:

FORM DD-A

DOCTORAL DISSERTATION DEFENSE APPLICATION
(defense of the completed dissertation)

Note: There is **no scheduling form for defenses**. Instead, students complete this form as soon as the exam/defense details have been confirmed and submit it to the Graduate Program Administrative Assistant (118 Haggar). The graduate program administrative assistant will email the information to the Graduate School and ensure that the committee is informed of the exam/defense details (e.g. date, time, location, etc.) and the basic exam/defense procedures. The graduate program administrative assistant also will give a typed **Reporting Form** to the student prior to the exam/defense.

Student's Name: _____

Student's 900#: _____

Department Program Area: _____

Date of exam: _____

Time of exam: _____

Place of exam: _____

Names & departments of all committee members (including those who are off-campus):

Graduate Committee approval granted by

(Director of Graduate Studies)

FORM DO-R

REPORTING FORM FOR RESULTS OF ORAL CANDIDACY EXAM AND DISSERTATION DEFENSE

This form serves as the official record of the exam/defense and is to be signed by all committee members. A supervising faculty member, typically the advisor, should chair the exam and return the completed form to the graduate program administrative assistant who in turn will send via campus mail to: Maureen Collins (502 Main Building) within 5 business days. Committee members participating off-campus who are unable to physically sign the form should promptly send an email acknowledging their vote to: Judy Stewart (Stewart.47@nd.edu).

900#:

Name of candidate:

(Last)

(First)

(Middle)

Department program area:

Reporting on: Oral Candidacy Exam

Dissertation Defense

Date of exam/defense:

Time of exam/defense:

Location of exam/defense:

Name of committee member:

(please type)

Signature:

Vote (P/F):

(Advisor)

(Co-Advisor if applicable)

Number of Committee Members Present:

Comments: