

FORMS PACKET

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

(Rev.1/05)

Request for Summer Funding, 20____

The department has funds for summer, 20____ for students who will be in residence and who will be working on their research. To obtain summer funding, please fill out the following request that describes your goals for your summer work. You must also submit a report at the end of the summer that documents that progress that you have made toward these goals. Funding in future summers will depend upon progress in meeting these goals this summer. This procedure is modeled after the process that faculty members must go through to secure summer money from granting agencies (submitting a proposal that documents the work to be done, and then submitting a report that documents the work that was accomplished).

Request for Summer Funding, 20____

Name:

Program:

Advisor:

Description of research to be completed (Please be detailed).

I verify that I will be in residence during the summer of 20____ in order to work on my research.

Signature of Student: _____

Signature of Advisor: _____

Comments by Advisor:

Funding in future summers will depend upon progress in meeting your goals this summer.
Due to Judy Spiro by the Friday after spring break.

FINAL REPORT, from Summer Funding, 20____

Name:

Program:

Advisor:

Description of research that was completed (Be detailed, and describe with respect to the goals that you set out for yourself at the beginning of the summer).

I verify that I was in residence during the summer of 20____ and worked on my research.

Signature of Student: _____

Signature of Advisor: _____

Comments by Advisor:

Funding in future summers will depend upon progress in meeting your goals this summer.
Due to Judy Spiro by the Friday before Fall classes start.

FORM SV-A

SERVICE/TEACHING REQUIREMENT COMPLETION FORM

Note: Submit this form to the Department Office upon completion of your service/teaching requirement. If your service was completed as a teaching assistant, have this form signed by your supervising faculty member. If your service was completed as an instructor of record, have this form signed by the Graduate Director. If your service was completed in a different capacity, have this form signed by the supervisor for your work or the Graduate Director.

Student's name

Date of form

Date of Service/Teaching 1st Semester:

Service/Teaching Assignment:

Signature of Supervisor: _____

Date of Service/Teaching 2nd Semester:

Service/Teaching Assignment:

Signature of Supervisor: _____

FORM MP-A

MA PROPOSAL APPLICATION
(COMPREHENSIVE ORAL MASTER'S EXAMINATION)

Note: Submit this form to the Department Office to request approval by the Graduate Committee of your MA thesis committee and to indicate date of the meeting to present and defend your master's proposal. This meeting fulfills the Graduate School's requirement for a comprehensive master's examination. A master's topic should be proposed by March 7 of your second year and must be completed by the termination date of September 30 of your third year.

Name of Student: _____ 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 Haggard Hall
 Other: _____

(Advisor's signature)

Approval of Graduate Committee granted

by _____
(Director of Graduate Studies)

FORM MP-R
MA PROPOSAL REPORT
(COMPREHENSIVE ORAL MASTER'S EXAMINATION)

Student's name:

Date of form:

Outcome of MA proposal meeting:

_____ Pass

_____ Fail (One retake permitted.)

(Date of meeting)

(Advisor's signature)

(Member's signature)

(Member's signature)

FORM MD-A
MA DEFENSE APPLICATION

Note: Submit this form to the Department Office to set up meeting to defend your thesis. Don't forget to submit two Reader's Cards (available on the Graduate School's web page @ <http://graduateschool.nd.edu/html/faculty.staff/forms.staff.html>). Your advisor signs the thesis and doesn't need a Reader's Card.

Name of Student:

Date:

Thesis Title:

Advisor:

Member:

Member:

Meeting requested for:

Date:

Time:

Place:

(Advisor's signature)

Approval by Graduate Committee granted

by _____
(Director of Graduate Studies)

FORM MD-R
MA DEFENSE REPORT

Note: This form should be submitted to the Department Office to record in your file the outcome of your thesis defense meeting. As soon as you successfully defend, you should apply for master's candidacy by submitting Form MC-A (MA Candidacy Application) from your packet.

Student's Name:

Date:

Date of Defense meeting:

Time:

Outcome of master's defense meeting:

____ Pass

____ Fail

(Advisor's signature)

(Reader's signature)

(Reader's signature)

FORM MC-A

MA CANDIDACY APPLICATION

Note: Submit this form to the Department Office in Room 114 Haggard as soon as you have defended your master's thesis. Admission to candidacy is a prerequisite to receiving your degree. When you return this form, the department will prepare an application for admission to master's degree candidacy to be signed by you, your thesis director, the graduate director and submitted to the Graduate School.

Date:

Time at which degree is expected: Jan May Aug 20_____

Name of Thesis Director:

Number of credits at the end of the last semester:

Number of credits you are taking current semester:

Cumulative GPA at the end of last semester:

Does Graduate School have your undergraduate transcript showing conferral of degree? (Y/N)

Are you enrolled and registered for the current semester? (Y/N)

Are you continuing to work toward your doctorate: (Y/N)

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 WRITTEN PRELIMINARY EXAMINATIONS

Note: Submit this form to the Department office (114 Haggar) to make formal application to take prelims and to indicate the major area of your examination. This application is due at least six weeks prior to the test dates.

____ I have finished my Master's thesis.

or

____ I have not yet completed my thesis but have received an exemption from the Graduate Committee to take prelims before completing the thesis.

Exams to be taken:

_____ Fall Semester (usually given at the beginning of the academic year)

_____ Spring Semester (usually January)

Year: 20__

Major Area:

Date form submitted:

Quantitative students (please indicate option)

_____ Option A (additional 4 hour exam)

_____ Option B (15-20 page paper)

(Student's signature)

(Advisor's signature)

(Graduate Director's signature)

Students are asked to sign and obtain the signature of their advisor. Then submit to Judy Spiro who will have the Prelim Director (the Graduate Director) sign.

FORM DO-A

DOCTORAL ORAL EXAM APPLICATION

Note: Submit this form to the Department Office to request approval for your doctoral oral exam committee and to set up the dissertation proposal meeting. It will initiate a request to the Graduate School to locate an outside chairperson, which must be received by the Graduate School at least ten working days in advance of the meeting.

Name of Student:

Date submitted:

Tentative dissertation title:

I have passed the prelim major exam.

or

I have not yet completed prelims but received an exemption from the Graduate Committee to propose before completing the prelim requirement.

Approval requested for the following committee:

Advisor's name:

Member's name:

Member's name:

Member's name:

Member's name:

Dissertation proposal meeting scheduled for:

Date:

Time:

Place: 116 Haggard Hall

Other: _____

(Advisor's signature)

Approval by Graduate Committee:

Granted Not granted

By _____
(Director of Graduate Studies)

DEPARTMENT SENDS PH.D. ORAL CANDIDACY FORM TO GRADUATE SCHOOL UPON RECEIPT OF THIS FORM.

FORM DO-R

DOCTORAL ORAL EXAM REPORT

Note: Have this form signed by your advisor and all members of your dissertation committee and submit it to the Department to record the outcome of your proposal meeting. At the time you submit this form, you may also submit the next form to apply for doctoral candidacy. You are eligible for candidacy as soon as you receive approval for your dissertation project.

Student's name:

Outcome of doctoral proposal meeting:

_____ Pass

_____ Fail

(Date of exam)

(Advisor's signature)

(Member's signature)

(Member's signature)

(Member's signature)

(Member's signature)

FORM DC-A

DOCTORAL CANDIDACY APPLICATION

Note: You may submit this form to the Department Office as soon as you have received approval of your dissertation research proposal. Admission to doctoral candidacy is a prerequisite to receiving your degree. When you return this form, an Application for Admission to Doctoral Candidacy form will be prepared and sent to the Graduate School.

Date:

Expected Graduation Date: Jan. May Aug. 20_____

Name of Advisor:

Have you been continuously registered in each academic year semester since admission, excluding Summer Semester? If you plan to receive your Ph.D. in August, you must register for 1 credit in that Summer Session.

_____Yes _____No

Dissertation title:

No. of credits completed:

Cumulative GPA:

No. of credits you are taking this semester:

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

Hometown:

Name of Student

(Upon receipt of this form, Department sends Application for Admission to Doctoral Candidacy to Graduate School).

FORM DD-A

DOCTORAL DEFENSE APPLICATION

Note: Submit this form to the Department Office to set up the final meeting to defend your completed doctoral dissertation. It will initiate a request to the Graduate School to locate an outside chairperson, which they must receive at least ten working days in advance of the meeting not counting the day they receive the form nor the day of the meeting. The Graduate School must also have three dissertation Reader's Reports completed and signed by the official readers by the same deadline. The Reader's Reports are available on the Graduate School's web page.

Name of student:

Date:

Dissertation title:

Members of Examination Board (4 voting members required):

Name of Advisor:

Name of Reader:

Name of Reader:

Name of Reader:

Date of Defense Meeting:

Time:

Location: _____ll6 Haggard Hall

_____Other:

 (Advisor's signature)

(Upon receipt of this form, Department submits "Defense of the Doctoral Dissertation" to the Graduate School.)

FORM DD-R
DOCTORAL DEFENSE REPORT

Note: Even though the outside chair reports the outcome of your final dissertation defense meeting to the Graduate School, this form is required for the Department.

Student's name:

Outcome of doctoral dissertation defense meeting:

_____ Pass

_____ Fail

Date of meeting:

(Advisor's signature)