College of Education
UNIVERSITY OF MASSACHUSETTS LOWELL

DOCTORAL DISSERTATION PROCESS AND FORMS
INFORMATION FOR FACULTY AND STUDENTS
Proposal and Defense Scheduling process

ALL FORMS IN THIS DOCUMENT MAY BE FOUND ON THE WEBSITE AT
http://www.uml.edu/Education/Current-Students/Forms.aspx

Form A-Checklist (kept in the candidate’s file in the Dean’s office throughout the program)

Form B-Dissertation Committee Request
Once the candidate has chosen (and faculty have agreed upon) a committee, Form B should be submitted with the signatures of the dissertation chair and committee members as soon as possible and not later than two weeks prior to a scheduled proposal hearing.

NOTE: Candidates often do not realize that Form B is required to schedule a proposal hearing, and as a result, they have to scramble at the last minute in an attempt to get the required signatures on the form in order for their hearing to go forward. It would alleviate some of this confusion if when a faculty member initially agrees to serve as the dissertation chair, you ask the candidate for the form so it can be signed immediately (even if other committee members are not decided upon). Candidates can obtain the other signatures as faculty members agree to serve on the committee.

Form C-Application for Proposal Hearing
Once the committee has approved the candidate to schedule a proposal hearing, s/he should contact Kathleen at Kateen_Hennessy@uml.edu or via telephone at 978-934-4602 to schedule a room for the hearing and submit the following items no later than 2 full weeks (10 working days) prior to the planned hearing date:
   a. Form C (application for proposal hearing)
   b. Electronic copy of the full proposal
   c. Electronic copy of the abstract (as a separate email attachment from the full proposal)

CHAIR ACTION: Immediately following the proposal hearing, the chair should inform the Dean’s office of the outcome.

Form D-Application for Dissertation Defense
Once the committee has approved the candidate to schedule a dissertation defense, s/he should contact Kateen_Hennessy@uml.edu or via telephone at 978-934-4602 to schedule a room for the hearing and submit the following items no later than 2 full weeks (10 working days) prior to the planned hearing date:
   d. Form D (application for dissertation defense)
   e. Electronic copy of the full dissertation
   f. Electronic copy of the abstract (as a separate email attachment from the dissertation)

Form E-Dissertation Outcome
CHAIR ACTION: Completed immediately after the defense and returned to the Dean’s Office.

Form F-Request for Change of Dissertation Committee Membership-Post Proposal Defense

Additional Non College of Education Forms:
Library Dissertation Processing-This form must be obtained from the library. The candidate receives a link to the form once they have filed their Declaration of Intent to Graduate form.
Declaration of Intent to Graduate-This form can be found at
http://www.uml.edu/thesolutioncenter/Forms/Academic-Forms.aspx

December 2015
College of Education
Doctoral Requirements Checklist

Candidate: ________________________________

Program:
Ph.D. ________________________________ Ed.D. Leadership in Schooling ___ STEM Option: ___

Date of entry into the program: ___________ Anticipated Completion: ______

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<tr>
<th>Ph.D.</th>
<th>Ed.D.</th>
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<tr>
<td>Comp I</td>
<td>Portfolio</td>
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<tr>
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<th>Repeat</th>
<th>PASS</th>
<th>FAIL</th>
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Proposal Hearing

Date: ___________

Result/Action:

Final Defense

Date: ___________

Result/Action (see form)

Pass
Pass with revisions
Major revisions
Fail

December 2015
**College of Education**
**Dissertation Committee Request**

<table>
<thead>
<tr>
<th>Ph.D.</th>
<th>Ed.D.</th>
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Candidate’s Name:  

Candidate’s Program Area:  

Requested Chair:  

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<th>NAME</th>
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Requested Member 2:  

<table>
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Requested Member 3:  

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</table>

Requested Member 4  

<table>
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<tr>
<th>NAME</th>
<th>SIGNATURE</th>
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If the proposed committee does NOT meet current policy, please provide reason(s) for the requested deviation. Please attach supporting credentials of non-UML committee members as appropriate:

**Policy:** 1.) Chair from program  
2.) 2nd reader from program  
3.) 3rd reader from College of Education

Program signatures are only required if the committee does not meet current policy.

Approved by Program:  

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Area faculty:  

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Approved by Faculty Chair:  

(Required)

Approved by Dean:  

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<th>NAME</th>
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**THIS FORM MUST BE COMPLETED PRIOR TO REQUESTING A PROPOSAL DEFENSE DATE**

December 2015
College of Education
Application for Dissertation Proposal Hearing

Ph.D.  Ed.D.

Candidates Name: ________________________________________________

Program:
Ph.D.__________________________Ed.D. Leadership in Schooling:_____STEM Option:_____

Proposal Title: ________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Abstract provided:  _____

Proposal submitted to office:  _____

Date of hearing:___________ Time of hearing:_______________

Room for hearing:___________

Chair’s signature:_________________________ Date:___________

THIS FORM SHOULD BE RETURNED TO THE DEAN’S OFFICE NO LATER THAN 10 WORKING DAYS PRIOR TO THE HEARING DATE

December 2015
College of Education
Application for Defense of Dissertation

Ph.D.       Ed.D.

Candidates Name: __________________________________________

Program:

Ph.D.________________________ Ed.D. Leadership in Schooling     STEM:____

Dissertation Title: __________________________________________

________________________________________________________________________

________________________________________________________________________

Abstract provided:     _____

Dissertation submitted to office:     _____

Date of defense:___________ Time of defense:_____________

Room for defense:___________

Chair’s signature:_________________________    Date:___________

THIS FORM SHOULD BE RETURNED TO THE DEAN’S OFFICE NO LATER THAN 10 WORKING DAYS PRIOR TO THE DEFENSE DATE

December 2015
Candidate: _____________________________________________

Date of Defense: ________________________________________

Decision:

PASS

PASS (with minor revisions)

Major revisions required

Other

Repeat Defense Required: Yes or No

Brief synopsis of work the student must complete:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Expected timeframe for completion, by: ____________________________ (date)

Chair Signature: ________________________________________________

PLEASE RETURN THIS FORM TO THE DEAN'S OFFICE AFTER THE DEFENSE.

December 2015
College of Education
Request for Change of Dissertation Committee Membership-Post Proposal Defense
Ph.D.        Ed.D.

The candidate is requesting a change in his/her dissertation committee for the following reason(s): (Pages may be attached to this form).

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Meeting with the original committee members on:_______

Decision:
Request granted_____ Request denied_____ 

Faculty signatures:  ____________________________________________
                        ____________________________________________
                        ____________________________________________
                        ____________________________________________
                        ____________________________________________

Meeting with the Faculty Chairperson on:_______

Meeting of the Dissertation Review Committee on:_______

Decision:
Request granted_____ Request denied_____ 

Explanation:

Signatures  ____________________  ____________________  
            ____________________  ____________________  December 2015
University of Massachusetts Lowell
Thesis/Dissertation Processing

MUST BE COMPLETED BY STUDENT

Please complete this form and submit it with copies of your thesis or dissertation for processing at Lydon Library. Submissions must be accompanied by 2 additional copies of the title page and 1 additional copy of the abstract.

CaD (978) 934-5905 to schedule an appointment.

All fields on this page must be completed.

Date:__________________

Name:__________________, ID#: ________________________

Address: ________________

This is a Master's thesis_____Doctoral dissertation_____(select one)

Mandatory Costs
Hard bound copy for department: $25
Publishing cost: for Master's thesis $55, for Doctoral dissertation $65

Optional Costs
Additional bound copies $25 each
Copyright registration $55

All payments must be made by check or money order. All prices are in U.S. dollars. Please make checks payable to UML Library Trust Fund. We are unable to accept cash or credit card payments.

<table>
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<th>UML Costs</th>
<th>Price</th>
<th>Number of Copies</th>
<th>Total</th>
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<tr>
<td>Bound copy for department</td>
<td>$25-$55</td>
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<tr>
<td>Additional bound copies</td>
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<tr>
<td>Publishing Doctoral dissertation</td>
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<tr>
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<td></td>
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</tr>
</tbody>
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Copyright Registration
If you would like to have your copyright registered please complete page 6 of the green form and enclose a second check or money order in the amount of $55 made out to ProQuest LLC. Do not fill out page 6 if you are not paying for copyright registration.

Picking Up Material
When your bound volumes are ready for pick up we will contact you using the information provided above.

If you have any questions, please call (978)-934-5905

You are responsible to be sure that your thesis is in order with the required paperwork, including signature page. Theses and dissertations will not be checked before binding. This is your responsibility.
DEPARTMENT OF INTENT TO GRADUATE
(Master’s, Ed.S. or Doctoral Degree)

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

For Summer completion: Degrees conferred on August 31, 2015
Deadline to apply: August 1, 2015
Deadline to submit thesis/dissertation to Library: August 14, 2015

For Fall completion: Degrees conferred on February 1, 2016
Deadline to apply: December 4, 2015
Deadline to submit thesis/dissertation to Library: December 10, 2015

For Spring completion: Degrees conferred on May 14, 2016
Deadline to apply: April 1, 2016
Deadline to submit thesis/dissertation to Library: April 29, 2016

I intend to graduate in: ☐ Spring ☐ Summer ☐ Fall

First Name __________________ Last Name __________________ MI ______

SIS ID# __________________ Telephone __________________ E-mail __________________

Degree __________________ Major __________________ Option __________________

Previous Degree Information (Students must fill out and please do not abbreviate the name of the school.)

Bachelor’s Degree (BS, BA...) ☐ Country __________________ Year ______ School __________________

Other Degree (BS, BA...) ☐ Country __________________ Year ______ School __________________

If Required by Program:

Thesis/Dissertation Title __________________ Anticipated Defense Date __________________

Please be aware a student will not be cleared to graduate until a final review by the academic department confirms that the student has successfully completed all requirements for the degree.

I certify that the student has met all requirements of the degree program pending successful completion of the final semester grades and/or submission to the library for publishing.

Thesis/Dissertation Advisor (if applicable) __________________ Signature __________________

Graduate Coordinator __________________ Signature __________________

I understand that I must register for a course or for Continuing Matriculation during the semester in which I graduate. (International students must have ISSO approval for course registrations for fewer than nine credits).

Date __________________

Student Signature __________________

Please submit the completed form by email, fax, mail or in person to the Registrar’s Office (see above).

For Office Use Only: Scanned ☐ Verified 1) ☐ 2) ☐ Effective Term (if applicable) __________________

Rescanned ☐ ☐ File ☐ Shred Doc Type: Clearance Form __________________

Rev. - 05/18/2015