

WILL GRADUATE: Yes ___ No ___

**AUGUST 2017 GRADUATION CHECKLIST
DOCTORAL**

NAME _____ MSU ID _____

CAMPUS Starkville _____ Meridian _____ Distance _____ (Distance must submit Off-Campus/Non-MSU Research Form)

MAJOR/CONCENTRATION _____ Major Credit Hours _____

Major coursework credits + 20 (or the minimum approved for the program) dissertation credits. Do not include attachment credits.

MINOR (if applicable) _____ Minor Credit Hours _____

TOTAL CREDIT HOURS ON PROGRAM OF STUDY _____

Student admitted to current program: Fall _____ Spring _____ Summer _____ Year _____

Student satisfied admission prerequisites: Yes _____ No _____

Student met program and Graduate School requirements in *Graduate Catalog* under which admitted: Yes _____ No _____

Currently enrolled: Yes _____ No _____ Number of hours _____

(Enrollment required if defending or submitting dissertation.)

Met GPA requirement (3.00 or greater): Yes _____ No _____

Transfer work: Yes _____ No _____ If yes, number of hours _____ Institution _____

(Transferred work cannot exceed half the coursework credits requirement and must be current work.)

PASSED PRELIMINARY/COMPREHENSIVE EXAMINATIONS*

Date of Written Examination _____ Date of Oral Examination _____

ADMISSION TO CANDIDACY Date Approved _____

DISSERTATION DIRECTOR _____

PASSED DISSERTATION DEFENSE Date _____

Student must meet Library's initial dissertation submission deadline of June 29 and final submission deadline of July 21 to graduate August 2017.

Time Limit - Admitted before Fall 2010: (Work before **FALL 2009** is out of date, and student is ineligible to graduate **August 2017**.)

First course taken Semester _____ Year _____

Time Limit - Admitted Fall 2010 and after: Student must submit final Library-approved dissertation within five (5) years of passing comprehensive examinations.*

Comprehensive Examination(s) passed _____ Semester _____ Year _____

STUDENT HAS MET ALL REQUIREMENTS FOR AUGUST 2017 GRADUATION Yes _____ No _____

Graduate Coordinator's Signature _____

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DISSERTATION SUBMITTED Yes _____ No _____ **COMPLETED ALL COURSEWORK** Yes _____ No _____

AUDIT COMPLETED: DATE _____ BY _____ **CLEARED:** Yes _____ No _____ DATE _____ BY _____