

## **2018-2019**DISSERTATION/THESIS STATUS FORM

Student's Last Name	First Name	Middle Initial	Student UMS ID #
Address			Date of Birth
City	State	Zip Code	Phone Number
Email Address			
while working on their disse their progress toward their	ertation or thesis must meet degree requirement. Studen	with their Graduate Pro ts who are not making p	eral Student Financial Aid consideration gram Director each semester to review progress toward their degree this completed and signed form to
This form is being complete	d for the following semester	(select one): Fall 201	.8 Spring 2019 Summer 2019
To be completed by the Gr	aduate Program Director:		
Name of Graduate Program	n Director ( <i>please print</i> )		
Anticipated Graduation Dat	te:		
Degree Requirement: D	issertation Thesis		
Academic Workload Certific	cation: Full-Time		
Does the student have an a	approved dissertation or thes	sis topic? Yes No	
	ress toward the completion o	·	hesis? Yes No
Suggested academic suppo	rt if any:		
I certify under penalty of pobest of my knowledge.	erjury that the information p	provided on this form a	nd attached is true and correct to the
GPD Signature/Date		Student Signatu	re/Date

University of Massachusetts Boston Financial Aid Services PO BOX 850, Randolph, MA 02368 617.287.6300 (p) 617.287.6323 (f)