

# Syracuse University - School of Education

## ABD Status Form

Name: \_\_\_\_\_ SUID: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This is to certify that this student has officially attained the status of ABD by virtue of having completed the following departmental requirements:

- Has an approved formal plan with a minimum of 90 credits
- Has completed all coursework with exception of dissertation credits, as outlined on formal plan
- Approval for Research Apprenticeship is submitted.
- Has successfully passed the qualifying exam for PhD program (attached)

**DATE ATTAINED ABD STATUS IN THIS PROGRAM:** \_\_\_\_\_

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To the student: Please obtain the required signatures in the order given and submitted to the Office of Academic and Student Services – 111 Waverly Ave, Suite 230

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair \_\_\_\_\_ Date \_\_\_\_\_

Home College Dean \_\_\_\_\_ Date \_\_\_\_\_