EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THE APPOINTMENT OF AN ADVISORY COMMITTEE
FOR THE DOCTORAL OR MASTER'S DEGREE

Student Name _______________________________ E# _______________________
(Please type or print)

Admitted to graduate school in the _____________ semester of _____________
(Fall/Spring/Summer) (Enter year of admission)

Field of Study ____________________________________________________________

Concentration ____________________________________________________________

Option: Thesis ☐ Non Thesis ☐

Degree ________________________________________________________________

NOTE: The student is responsible for scheduling a conference with the chair or graduate coordinator of his/her major department to nominate an advisory committee. It is the responsibility of the student to present this appointment form to the department chair or graduate coordinator and to all committee members for signatures and to file this form with the School of Graduate Studies.

The members of the student’s advisory committee as indicated below were designated during a conference with the student on ____________________________

Date Graduate Coordinator

Faculty signatures affixed below constitute acceptance of the advisory committee assignment. The chair of the advisory committee or the graduate coordinator is responsible for reviewing the student’s program and ensuring that it fulfills program requirements.

<table>
<thead>
<tr>
<th>Committee Names and Phone Numbers (Please type or print)</th>
<th>Committee Signatures and Dates</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair, Advisory Committee Phone Number</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
<tr>
<td>Committee Member Phone Number</td>
<td>Signature Date</td>
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</table>

Approved ____________________________

Dean, School of Graduate Studies Date
MEMORANDUM OF ORAL DEFENSE

TO: School of Graduate Studies
FROM: ________________________________

SUBJECT: Notification of Oral Examination for Thesis or Dissertation and Graduate Faculty Representative

DATE: ________________________________

Student's Name: ______________________ E#: ______________________

Email: ______________________________

Degree: _______________________________ Dept. Campus Box: ________________

Date of Exam: ________________________ Time: ________________________

Building: ____________________________ Room #: ______________________

Signature of Chair, Advisory Committee Phone Number Fax Number

Signature of Graduate Coordinator Phone Number Fax Number

Important Information

The department is responsible for sending a copy of the student's abstract to Graduate Faculty Representative (Outside Observer) at least ten days before the defense. In case of cancellation, the department is responsible for notifying the Graduate Faculty Representative and the appropriate Graduate Studies Liaison.

The Graduate Faculty Representative is not considered a part of the examining committee, does not vote, but must complete the NARRATIVE REPORT form and return it to the School of Graduate Studies immediately upon completion of the exam.

- For Graduate Studies Use Only -

The Graduate Faculty Representative is: ________________________________

Department: ________________________________

Phone: ______________________ Box: _______ Fax _________

Graduate Program Specialist Phone E-Mail

Scheduled By: ______________________ Date: ______________________
This form is a grade and must be presented in the School of Graduate Studies by a departmental faculty or staff member.

<table>
<thead>
<tr>
<th>Field of Study</th>
<th>Concentration</th>
<th>Degree</th>
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</thead>
</table>

The above candidate has completed the required examination(s) as checked below:

<table>
<thead>
<tr>
<th>Examination Type</th>
<th>Date Held</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Written Comprehensive Examination</td>
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<tr>
<td>2. Oral Comprehensive Examination</td>
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<tr>
<td>3. Master's Thesis Defense</td>
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<tr>
<td>4. Doctoral Defense</td>
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<tr>
<td>5. Doctoral Qualifying Examination</td>
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<tr>
<td>6. Doctoral Preliminary Examination</td>
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<tr>
<td>7. Report: (explain)</td>
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<tr>
<td>8. Culminating Experience: (explain)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Signatures of Examining Committee

Chair, Advisory Committee
Committee Member
Committee Member
Committee Member
Committee Member

Remarks or Conditions

Return Original to School of Graduate Studies
Manuscript Review Form

Because submission of this form by me assures that this student's committee has approved the thesis/dissertation in the form being submitted to the School of Graduate Studies, I ask that the Dean of the School of Graduate Studies contact the registrar to request a change of grade for thesis/dissertation coursework taken prior to the current term (from "SP" to "S") upon final approval of the thesis/dissertation. Yes__________ No__________

Name: _______________________________ E#: __________________

If the information below changes during the review period, please contact the Graduate School.

Phone: Current residence _______________________ Campus location _______________________ Other ___________________

Mailing address: ______________________________

City, State, Zip: ______________________________

If your electronic manuscript needs revision, it will be returned to you via email along with any comments to the address listed below:

Your email address: ______________________________

Manuscript title: ______________________________

Name of the file you’ll upload (use your last name plus first initial): ___________________.PDF

Option 1: Departmental style guide for this manuscript (approved by the committee chair). [Check one]:

ACS [ ] APA [ ] ASA [ ] AMA [ ] Campbell/Ballou [ ] CSE [ ] LaTex [ ] MLA [ ] Turabian [ ] Other: ______________________

Option 2: Alternate Format: List the name(s) of the Peer-reviewed Journal(s) in your Discipline that were used as a guide: ______________________________

Degree (circle one) EdD / MALS / MPH / DPH / MSEH / MSN / MA / MFA or MS / PhD in: ______________________________

Chair (Name) ________________________ (Office) ____________ (Phone) ____________

Does your chair want a copy sent to him/her? (Yes / No): e-mail: ___________________

Your advisor must read and sign this section. Manuscripts will not be accepted for review without these signatures.

As a member of this student's advisory committee, I release this student's manuscript for review by the Dean of Graduate Studies and verify that:

I. I read and approved this manuscript; and
II. (circle one) a. it conforms to the departmental style manual and to the style manual of the School of Graduate Studies.
   b. The program allows use of Alternate Format and this manuscript conforms to the style of the Journal(s) indicated and to the style manual of the School of Graduate Studies.

III. The research involved in this study has conformed fully to the regulations of the Institutional Review Board (IRB) at ETSU; and

IV. To the regulations of Division of Laboratory Animal Resources (DLAR) at ETSU; and

V. To the guidelines of the Radiation Safety Office (RSO) at ETSU.

Chair’s Signature * please answer the question in red at the top of this form Date

Member’s Signature Date

Member’s Signature Date

Member’s Signature Date

Member’s Signature Date

I realize that I have responsibilities that must be fulfilled before I will be cleared for graduation. I must create an online student profile and submit my ETD via the ETD website, pay my ETD microfilming fee, fill out ETD release forms for ETSU and UMI, and turn in copies of my IRB and DLAR approval letters, if applicable.

Student’s signature Date
Access to your ETD

The library system will file your ETD and create an entry for it in its library catalog. Its basic bibliographic information—author, title, abstract, etc.—that will be accessible to anyone searching the library catalog, whether from a campus computer or via the Internet. However, you have some control over who can access your ETD itself. A full-text version will be available for viewing, printing, or downloading at any ETSU computer. This is in accordance with longstanding library policy that graduate research documents are public record and should be made available. You can, however, disallow access by off-campus computers. This would keep anyone who reaches the library via the Internet from seeing your ETD.

You determine the level of access for your ETD when you create your online profile. Currently there are three options:

1. **Unrestricted** – release the entire work for access worldwide.
2. **Restricted** – release the entire work for ETSU access only.
3. **Withheld** – In cases where confidentiality or property rights merit that the text of the manuscript be unavailable in electronic form, the author may petition in writing the Dean of the School of Graduate Studies to withhold the work. If withheld, the work will not be available in electronic form, either from off campus or on, for a period of one year. At the end of the one-year period the author may request an extension for an additional year. At the end of the one-year withheld period, or its extension if requested, the work will become unrestricted (#1 above), unless you request in writing that it be restricted (#2 above).

**UMI.** After your manuscript is approved, your ETD and paperwork will be sent to UMI ProQuest, for microfilming. The microfilm copy of your ETD will be held in ETSU’s archives. UMI will save your ETD and bibliographic information in its archives and will add a citation, including abstract, to its commercial and free databases, which are made available worldwide. UMI sells copies of the theses and dissertations that it archives as part of its business. You must determine separately whether UMI can distribute copies of your ETD. You do this when you fill out your UMI ETD release form.

**Release agreement**

I have read the above description of the ways my ETD can be made accessible by ETSU in electronic form and I understand it. I understand that when I create my online profile, I can choose to make it either unrestricted or restricted, or that I may petition the Dean of the School of Graduate Studies to have it withheld or to set it up as a mixed access ETD. I understand that the option I choose in the profile is the one that will be used to set my access at the time of my manuscript’s approval, but if that option disagrees with the option I select below, the Graduate School may change the online option to match my selection on this form. I understand that I may change the accessibility of my ETD after my manuscript is approved by sending a written request to the Dean.

I am indicating below my choice of access to my ETD:

- **Unrestricted**
- **Restricted**
- I am petitioning the Dean to have it Withheld

---

Student’s Name  
Signatory  
Date
Application for Candidacy for the Master's Degree

I, ___________________________________________, hereby apply for admission to candidacy for the Master of __________________________ degree at East Tennessee State University. To the best of my knowledge, I have completed all the prerequisites for admission to candidacy. I intend to do my graduate work under the __________________________ option.

Graduate Major __________________________________________ Catalog of Record __________________________________________
Concentration __________________________________________
Provisional Admission: □ Yes □ No Provisions Met: □ Yes □ No
(Provisions for admission must be met before student can be admitted to candidacy).

The attached program of study has been planned with the guidance of the chair of my advisory committee or with the graduate coordinator in my program. In addition, I have met all the provisions of my admission.

□ Second Master's Degree An approved program of study for the other degree is on file.

_________________________________________ Date
Signature of Applicant

_________________________________________ Date
Signature of Advisory Committee Chair

_________________________________________ Date
Signature of Graduate Coordinator

-For Graduate School Office Use Only-

Program checked against catalog requirements __________________________ Graduate Grade Point Average _____________ Date

Approved by: __________________________ Date
Graduate Analyst

Approved by: __________________________ Date
Dean, School of Graduate Studies
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Notice of Intention to Graduate

You should deliver this form to Burgin Dossett Hall, Rm 309, or mail/fax it to the School of Graduate Studies as shown at the bottom of this document. It is your responsibility to ensure this document arrives at the School of Graduate Studies Office by the specified deadline date posted each term. If you do not submit your intent on time, you will not be considered for graduation and must file a new intent for the following graduation term.

Enter your name. The name on the diploma will be the name that is on university records.
If your name has changed, please contact the Office of the Registrar to begin the name change process.

Name

E# ________________________________________ Telephone Number ____________________________

Contact Information
Students are now responsible for maintaining a current email address. You should verify and correct your address and phone number on GoldLink. Please be advised that incorrect information may result in the loss of valuable information/materials, (Diploma, Cap and Gown, etc.) The Graduation Office is not responsible for loss due to a student's failure to update this address.

Invitations
To order invitations for the Commencement Ceremony please contact: BALFOUR 1-877-225-3687.

Check relevant degree below.

GRADUATE DEGREE

☐ Master of Accountancy ☐ Master of Science
☐ Master of Allied Health ☐ Master of Science in Environmental Health
☐ Master of Arts ☐ Master of Science in Nursing
☐ Master of Arts in Liberal Studies ☐ Master of Social Work
☐ Master of Arts in Teaching ☐ Specialist in Education
☐ Master of Business Administration ☐ Doctor of Audiology
☐ Master of City Management ☐ Doctor of Education
☐ Master of Education ☐ Doctor of Nursing Practice
☐ Master of Fine Arts ☐ Doctor of Philosophy
☐ Master of Professional Studies ☐ Doctor of Physical Therapy
☐ Master of Public Administration ☐ Doctor of Public Health
☐ Master of Public Health

Expected Graduation: ☐ Fall ☐ Spring ☐ Summer Year: __

Graduate Major ____________________________________________________________

Concentration ______________________________________________________________

I have read the Notice of Intention to Graduate and understand that if I do not satisfy the degree requirements for the above stated semester, I must submit a new form in the next term and every applicable term thereafter.

Signature __________________________ Date __________________

Print Name __________________________

East Tennessee State University, School of Graduate Studies
Burgin Dossett Hall, Room 309, Box 70720
Johnston City, TN 37614-1710
Phone: 423-439-4221 Fax: 423-439-5624 Email: gradsch@etsu.edu

DETAILS OF CAP AND GOWN

Height

Weight

☐ 4' 10 - 5' 00 ☐ Under 250
☐ 5' 01 - 5' 03 ☐ 250 - 275
☐ 5' 04 - 5' 06 ☐ 276 - 281
☐ 5' 07 - 5' 09 ☐ 282 - above
☐ 5' 10 - 6' 00
☐ 6' 01 - 6' 03
☐ 6' 04 - 6' 06
☐ 6' 07 - 6' 09
☐ 6' 10 - 7' 00
EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM

FORM TO DOCUMENT APPOINTMENT OF THE
PRE-DOCTORAL PRELIMINARY PROJECT ADVISORY COMMITTEE

STUDENT: ___________________________________________ ID#: ______________________
(Print)

NOTE: See Student Handbook for Full Requirements.

Signatures affixed below constitute acceptance of the advisory committee assignments.

Chair, Advisory Committee (Print) _____________________________________________________________ Signature ________________________________ Phone number _______________ Date __________
Committee Member (Print) ________________________________________________________________ Signature ________________________________ Phone number _______________ Date __________
Committee Member (Print) ________________________________________________________________ Signature ________________________________ Phone number _______________ Date __________
Committee Member (Print) ________________________________________________________________ Signature ________________________________ Phone number _______________ Date __________
Committee Member (Print) ________________________________________________________________ Signature ________________________________ Phone number _______________ Date __________

If needed, an additional consulting (non-voting) committee member may be named (see above and Handbook).

5th Committee Member (Print) ____________________________________________________________ Signature ________________________________ Phone number _______________ Date __________

Student (Print) ________________________________________________________________ Signature ________________________________ Phone number _______________ Date __________

Approval Granted: _____ Yes _____ No If No, reason: ________________________________________________ ________________________________

Director of Clinical Training (Print) ______________________________________________________ Signature ________________________________ Phone number _______________ Date __________

Last revised on 1/28/10
PRE-DOCTORAL PRELIMINARY PROJECT PROPOSAL MEETING OUTCOME

STUDENT: ____________________________ ID#: _______________________
(Print)

PROPOSAL MEETING RESULTS

Note: See Student Handbook.

Chair, Advisory Committee (Print) ____________________________________________
Signature ________________________________________________________________
Phone number ___________ Date ______

Student Name (Print) ______________________________________________________
Signature ________________________________________________________________
Phone number ___________ Date ______

Results Accepted: ___ Yes ___ No If No, reason: ________________________________

Director of Clinical Training (Print) __________________________________________
Signature ________________________________________________________________
Phone number ___________ Date ______

November 2012
EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM

RESULTS OF THE PRE-DOCTORAL PRELIMINARY PROJECT DEFENSE

STUDENT: __________________________________________ ID#: _______________________
(Print)

DEFENSE MEETING RESULTS

The Student ___PASSED ___CONDITIONALLY PASSED ___FAILED the Written Component.

The Student ___PASSED ___CONDITIONALLY PASSED ___FAILED the Oral Component.

Notes:

Chair, Advisory Committee (Print) ______________________ Signature ______________________ Phone number ______ Date ______
Committee Member (Print) ______________________ Signature ______________________ Phone number ______ Date ______
Committee Member (Print) ______________________ Signature ______________________ Phone number ______ Date ______
Committee Member (Print) ______________________ Signature ______________________ Phone number ______ Date ______

Results Accepted: ___ Yes ___ No If No, reason: ________________________________________
__________________________ Signature ______________________ Phone number ______ Date ______
Director of Clinical Training (Print) ______________________ Signature ______________________ Phone number ______ Date ______

November 2012
I, __________________________, hereby apply for admission to candidacy for the Doctorate in __________________________ at East Tennessee State University. To the best of my knowledge, I have completed all of the prerequisites for admission to candidacy, graduate as well as undergraduate. The degree of Bachelor of __________________________ was received from __________________________ located in __________________________ on __________________________. The degree of Master of __________________________ (if applicable) was received from __________________________ located in __________________________ on __________________________. My transcripts of undergraduate and graduate credits are on file with the Dean of the School of Graduate Studies. The proposed title for my doctoral dissertation is __________________________ (if applicable).

My doctoral is __________________________

The area of concentration (if applicable) will be __________________________

The attached program of study has been planned with the guidance of the chair of my advisory committee or with the graduate coordinator in my program. In addition, I have met all the conditions of my admission.

______________________________
Signature of Applicant

______________________________
Date

______________________________
Signature of Committee Chair or Graduate Coordinator

______________________________
Date

-For Graduate School Office Use Only-

Program checked against catalog requirements __________________________ Date

Graduate Grade Point Average __________________________

Approved by: __________________________
Graduate Analyst

Approved by: __________________________
Dean, School of Graduate Studies
THE APPOINTMENT OF AN ADVISORY COMMITTEE
FOR THE DOCTORAL OR MASTER'S DEGREE

Student Name ___________________________________________  E# _______________________

(Please type or print)

Admitted to graduate school in the __________ semester of __________
(Fall/Spring/Summer) (Enter year of admission)

Field of Study ___________________________________________

Concentration ___________________________________________

Option: Thesis ☐  Non Thesis ☐

Degree _________________________________________________

NOTE: The student is responsible for scheduling a conference with the chair or graduate coordinator of his/her major
department to nominate an advisory committee. It is the responsibility of the student to present this appointment form to the
department chair or graduate coordinator and to all committee members for signatures and to file this form with the School
of Graduate Studies.

The members of the student’s advisory committee as indicated below were designated during a conference

with the student on _______________________________ Graduate Coordinator

Date

Faculty signatures affixed below constitute acceptance of the advisory committee assignment. The chair of the advisory
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Office Use Only

Grad Faculty Status  Expiration Date

Approved ________________________________

Dean, School of Graduate Studies Date
DOCTORAL DISSERTATION PROPOSAL MEETING OUTCOME

STUDENT: ___________________________ ID#: ___________________________
(Print)

PROPOSAL MEETING RESULTS

Note: See Student Handbook.

<table>
<thead>
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Student Name (Print)           Signature                  Phone number | Date

Results Accepted:  Yes  No  If No, reason: ___________________________

Director of Clinical Training (Print) Signature                  Phone number | Date

November 2012
MEMORANDUM OF ORAL DEFENSE

TO: School of Graduate Studies

FROM: ________________________________

SUBJECT: Notification of Oral Examination for Thesis or Dissertation and Graduate Faculty Representative

DATE: ______________________________

Student's Name: _____________________ E#: _______________________

Email: _______________________________

Degree: _____________________________ Dept. Campus Box: __________

Date of Exam: ________________________ Time: _______________________

Building: ____________________________ Room #: ____________________

Signature of Chair, Advisory Committee Phone Number Fax Number

Signature of Graduate Coordinator Phone Number Fax Number

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- For Graduate Studies Use Only -

The Graduate Faculty Representative is: ________________________________

Department: ________________________________

Phone: __________________ Box: __________ Fax _______________________

Graduate Program Specialist Phone E-Mail

Scheduled By: ___________________________ Date: __________________
Manuscript Review Form

Because submission of this form by me assures that this student's committee has approved the thesis/dissertation in the form being submitted to the School of Graduate Studies, I ask that the Dean of the School of Graduate Studies contact the registrar to request a change of grade for thesis/dissertation coursework taken prior to the current term (from "SP" to "S") upon final approval of the thesis/dissertation. Yes _________ No _________

Name: ______________________________ E#: ______________________________

If the information below changes during the review period, please contact the Graduate School:

Phone: Current residence _________ Campus location _________ Other _________

Mailing address: ---------------------------------------------

City, State, Zip: ---------------------------------------------

If your electronic manuscript needs revision, it will be returned to you via email along with any comments to the address listed below:

Your email address: ---------------------------------------------

Manuscript title: ---------------------------------------------

Name of the file you'll upload (use your last name plus first initial): ___________________________ .PDF

Option 1: Departmental style guide for this manuscript (approved by the committee chair). [Check one]:

ACS [ ] APA [ ] ASA [ ] AMA [ ] Campbell/Ballou [ ] CSE [ ] LaTex [ ] MLA [ ] Turabian [ ] Other: ___________

Option 2: Alternate Format: List the name(s) of the Peer-reviewed Journal(s) in your Discipline that were used as a guide:

Degree (circle one) EdD / MALS / MPH / DPH / MSEH / MSN / MA / MFA or MS / PhD in ___________________________

Chair (Name) ___________________________ (Office) ___________________________ (Phone) ___________________________

Does your chair want a copy sent to him/her? (Yes / No); e-mail: ___________________________

Your advisory committee must read and sign this section. Manuscripts will not be accepted for review without these signatures.

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I. I read and approved this manuscript; and,

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b. The program allows use of Alternate Format and this document conforms to the style of the Journal(s) indicated and to the style manual of the School of Graduate Studies.

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Member's Signature Date

Member's Signature Date

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Student's signature Date
Electronic Theses and Dissertations
School of Graduate Studies at East Tennessee State University
http://etd-submit.etsu.edu/

ETSU ETD Release Form

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I am indicating below my choice of access to my ETD:

Unrestricted ____  Restricted ____  I am petitioning the Dean to have it Withheld ____

_____________________________  ____________________________  _______________________
Student’s Name  Signature  Date
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
Notice of Intention to Graduate

You should deliver this form to Burgen Dossett Hall, Rm 309, or mail/fax it to the School of Graduate Studies as shown at the bottom of this document. It is your responsibility to ensure this document arrives at the School of Graduate Studies Office by the specified deadline date posted each term. If you do not submit your intent on time, you will not be considered for graduation and must file a new intent for the following graduation term.

Enter your name. The name on the diploma will be the name that is on university records. If your name has changed, please contact the Office of the Registrar to begin the name change process.

Name

E# ____________________ Telephone Number __________________

Contact Information
Students are now responsible for maintaining a current email address. You should verify and correct your address and phone number on GoldLink. Please be advised that incorrect information may result in the loss of valuable information/materials, (Diploma, Cap and Gown, etc.) The Graduation Office is not responsible for loss due to a student's failure to update this address.

Invitations
To order invitations for the Commencement Ceremony please contact: BALFOUR 1-877-225-3687.

Check relevant degree below.

GRADUATE DEGREE

☐ Master of Accountancy ☐ Master of Science
☐ Master of Allied Health ☐ Master of Science in Environmental Health
☐ Master of Arts ☐ Master of Science in Nursing
☐ Master of Arts in Liberal Studies ☐ Master of Social Work
☐ Master of Arts in Teaching ☐ Specialist in Education
☐ Master of Business Administration ☐ Doctor of Audiology
☐ Master of City Management ☐ Doctor of Education
☐ Master of Education ☐ Doctor of Nursing Practice
☐ Master of Fine Arts ☐ Doctor of Philosophy
☐ Master of Professional Studies ☐ Doctor of Physical Therapy
☐ Master of Public Administration ☐ Doctor of Public Health
☐ Master of Public Health

Expected Graduation: ☐ Fall ☐ Spring ☐ Summer Year: ______

Graduate Major _______________________________________________

Concentration _______________________________________

I have read the Notice of Intention to Graduate and understand that if I do not satisfy the degree requirements for the above stated semester, I must submit a new form in the next term and every applicable term thereafter.

Signature ______________________________________ Date

PRINT NAME ____________________________________________

Office Use Only

Input / Initials ____________________________
Catalog of Record ____________________________
College ______________________________________
Program ______________________________________
Concentration __________________________________
Start Date _________________________________
Grad Program Specialist ______________________

DETAILS OF CAP AND GOWN

Height Weight
☐ 4' 10 - 5' 00 ☐ Under 250
☐ 5' 01 - 5' 03 ☐ 250 - 275
☐ 5' 04 - 5' 06 ☐ 276 - 281
☐ 5' 07 - 5' 09 ☐ 282 - above
☐ 5' 10 - 6' 00
☐ 6' 01 - 6' 03
☐ 6' 04 - 6' 06
☐ 6' 07 - 6' 09
☐ 6' 10 - 7' 00

East Tennessee State University, School of Graduate Studies
Burgen Dossett Hall, Room 309, Box 70720
Johnson City, TN 37614-1710
Phone: 423-439-4221 Fax: 423-439-5624 Email: gradsc@etsu.edu