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

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</th>
<th>Committee Signatures and Dates</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair, Advisory Committee</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
<tr>
<td>Committee Member</td>
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<td>E#</td>
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Office Use Only

Grad Faculty Status  Expiration Date

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: __________________________
# EAST TENNESSEE STATE UNIVERSITY
## SCHOOL OF GRADUATE STUDIES
### RESULTS OF EXAMINATION, REPORT, AND/OR CULMINATING EXPERIENCE

*This form is a grade and must be presented in the School of Graduate Studies by a departmental faculty or staff member.*

**Student Name**  
[Please type or print]

**E#**  
[ ]

**Field of Study**  
[ ]

**Concentration**  
[ ]

**Degree**  
[ ]

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Held</th>
<th>Passed</th>
<th>Failed</th>
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<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>
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<td>☐</td>
</tr>
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</table>

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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*
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 __________________

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 / MA / MFA or MS / PhD in __________________________

Chair (Name) __________________________ (Office) __________________________ (Phone) __________________________

Does your chair want a copy sent to him/her? (Yes / No): __________________________

c-mail: __________________________

Your advisory committee 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 document 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.—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 **withheld** 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.

Thesis or Coursework

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 Date

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
Johnson 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
STUDENT: ___________________________ ID#: ___________________________
(Print)

NOTE: See Student Handbook for Full Requirements.

Signatures affixed below constitute acceptance of the advisory committee assignments.

<table>
<thead>
<tr>
<th>Chair, Advisory Committee (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Member (Print)</td>
<td>Signature</td>
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<td>Date</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>5th Committee Member (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
</table>

Approval Granted:  ____ Yes  ____ No  If No, reason: _____________________________________________

<table>
<thead>
<tr>
<th>Director of Clinical Training (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
</table>

Last revised on 1/28/10
EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
EXPERIMENTAL GRADUATE PROGRAM

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

____________________  __________________________  ________
____________________  __________________________  ________
Director of Clinical Training (Print)  Signature  Phone number  Date

Results Accepted:  ____Yes  ____No  If No, reason: ____________________________________________

November 2012
EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
EXPERIMENTAL 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: ____________________________

______ Director of Clinical Training (Print) ____________________________ Signature ____________ Phone number _______ Date ______

November 2012
Application for Candidacy for the Doctoral Degree

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: ____________________________ Date ____________________________

Graduate Analyst ____________________________

Approved by: ____________________________ Date ____________________________

Dean, School of Graduate Studies ____________________________
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.

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<td>Signature Date</td>
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</tbody>
</table>

Approved ______________________________________________________________

Dean, School of Graduate Studies ______________________________ Date ________

Office Use Only

Grad Faculty Status
Expiration Date

E#
EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM

DOCTORAL DISSERTATION PROPOSAL MEETING OUTCOME

STUDENT: __________________________ ID#: _________________________
(Print)

PROPOSAL MEETING RESULTS

Note: See Student Handbook.

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
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

Signature of Graduate Coordinator

___ Important Information
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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: __________
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: ___________________________ Ed#: ___________________________

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: ___________________________

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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 ____________

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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

Access to your ETD

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**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  Signature  Date
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

Input / Initials

Catalog of Record

College

Program

Concentration

Start Date

Grad Program Specialist

Office Use Only

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

Expected Graduation:  

- Fall
- Spring
- Summer

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 ____________________________

Print Name ____________________________

Date ____________________________

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

**DETAILS OF CAP AND GOWN**

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