

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
- Has successfully passed the qualifying exam for PhD program (attached)

DATE ATTAINED ABD STATUS IN THIS PROGRAM: _____

To the student: Please obtain the required signatures in the order given.

Student _____ Date _____

Faculty Advisor _____ Date _____

Dept Chair _____ Date _____

Home College Dean _____ Date _____