

Attention Doctoral Students:

Please carefully follow the application for degree instructions below.

Note: This form is not applicable for students in the Doctor of Nursing Practice (DNP) program.

The correct form is located [here](#).

- All applications for degree must be typed and include the required signatures (student, advisor, and program director) before being submitted to the Graduate School. The address and contact person are provided above.
- Students must be registered for graduate-level coursework during the semester in which they apply to graduate.
- The \$50 processing fee will be added to the student's account approximately 1-3 weeks after the Graduate School's [deadline](#). Note that some graduate programs may have an earlier deadline and/or have slightly different procedures for this paperwork, so please check with your graduate department for details.
- Additional information about completing a doctoral degree, including dissertation requirements, can be found [here](#).

**THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
APPLICATION FOR DEGREE – DOCTORAL DEGREE**

FORM MUST BE TYPED - Use both upper and lower case

The \$50 processing fee will be charged to your student account when this form has been processed. Your diploma cannot be mailed if you owe any fees to UAB.

Date of Application _____ Degree for which you are applying (EdD, DrPH, DSc, DPT, PhD) _____
 December April August
 Indicate month you expect to receive degree; enter year _____

Type your name above as you wish it to appear on your diploma _____ Banner Student Number _____

Street Address _____

City, _____ State, _____ ZIP _____ UAB Email Address _____
 (Your diploma will be mailed to this address. If you change your address, you must notify the Graduate School). (Notifications will only be sent to your UAB email address)

Graduate Program _____

Dissertation Title:

Mentor/Advisor: _____

Chair of Committee if other than mentor/advisor: _____

Courses enrolled in for the semester of graduation:

Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Transfer of credit from another institution:

Institution	Name	Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Courses with grades of I, N, or O to be removed:

Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes

Applicant's Signature: _____

APPROVALS:

Advisor _____ Date _____ Graduate Program Director _____ Date _____

Department Coordinator (School of Public Health) _____ Date _____