



SYRACUSE UNIVERSITY

SCHOOL OF INFORMATION STUDIES

ABD VERIFICATION FORM

This is to verify that _____,
(First name) (Last name)

SUID# _____ has officially obtained the status of ABD by virtue of having completed the following departmental requirements:

(Please check box)

- Completed 60 hours of coursework (up to 30 credits transfer credits*)
- Completed at least 4 research and 4 teaching practica
- Successful completion of end of coursework meeting
- All courses have grades (review transcript)

(Date of EOC)

(Department Chair)

(Date)

(Advisor)

(Date)

*(*Transfer credits – if applicable – have been posted. Must confirm prior to EOC)*

.....
(FOR GEMC OFFICE USE ONLY)

Date Processed _____

(Signature)

Make a copy and file in student folder. Submit signed original form to the Graduate School @ 304 Lyman Hall

“The Original Information School”

**343 Hinds Hall / Syracuse, New York 13244-4100
315-443-2911 / Fax: 315-443-6886 / E-mail: ist@syr.edu / URL: http://ischool.syr.edu**