

Department of Psychology

**Declaration of Intent to Graduate (DIG) Form**

**\*\* Attach your Advising Report in the PDF version from SiS \*\***

Name \_\_\_\_\_ Date \_\_\_\_\_

UMS # \_\_\_\_\_ E-mail \_\_\_\_\_

Concentration:  General  Behavior Analysis  Clinical  Developmental Disabilities  
 Health  Or check here if Continuing Education.

Proposed graduation date (circle one): May Summer December January of Year: \_\_\_\_\_

	Per Advising Report
1. Credits already earned*	
Credits in progress**	
INC credits**	
3. Credits proposed, not yet registered for***	
<b>TOTAL CREDITS</b> (all lines)	

\*Are you currently registered for a course to replace a grade of D/D+/C-? YES\_\_\_ NO\_\_\_ (If so, your total credits already earned will be *less than* what is shown on your Advising Report because the credits will be counted twice until the new grade is posted.)

\*\*Any degree requirement shown as “Satisfied” on your Advising report with credits in progress or courses you registered for or INC credits becomes “Not Satisfied” if those credits are not earned.

\*\*\*Please list any courses you are planning to take but have not yet enrolled in:

Course name	Requirement fulfilled: Major req/Gen.Ed./electives	Credits	Proposed Semester

Please note that your overall GPA must be 2.0 and your psychology GPA must be 2.2 or higher. This will be determined once you have completed all degree requirements and will be calculated only on the basis of credits earned at UML

Note that NECCUM and Study Abroad credits are counted toward your UML residency and honors eligibility requirements, *but other Off-Campus credits are not.*

Have YOU

Completed your General Education courses?	Yes / No	
Chosen and completed your language requirement?	Yes / No	
Have you met the residency requirement ?	Yes / No	
Do you have study abroad credits pending?	Yes / No	From _____
Do you have any INC's that are pending ?	Yes / No	Course _____
Is your overall GPA 2.0 or higher?	Yes / No	GPA _____
Is your psychology GPA 2.2 or higher?	Yes / No	Psych GPA_____

I understand that if I fail to complete any of the courses for which I am currently registered, or if I make any changes to the proposed courses listed on this form, it is my responsibility to ensure that I will still be able to fulfill all degree requirements:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES/ISSUES: DEPT> USE ONLY**

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Final Clearance –Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approved \_\_\_\_\_