

ABD Status Form

Name: _____ SUID: _____

Program of Study: _____ Physics _____ Faculty Advisor: _____

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:

- ☐ Taken the required core PHY classes: 621, 641, 661, 662, 731, and 514, 614 or 651
- ☐ Passed required 48 Credits of coursework (including Dissertation Credits) Passed the
qualifying examinations for the PhD in Physics Approval for Research Passed the
- ☐ Departmental Oral Exam for the PhD in Physics

DATE ATTAINED ABD STATUS IN THIS PROGRAM: _____

To the student: Please obtain the required signatures in the order given and return to academic coordinator
phyacademics@syr.edu.

Student _____ Date _____

Faculty Advisor _____ Date _____

Graduate Director _____ Date _____