

Graduate School Recommendation for Awarding of Graduate Degree

THIS SECTION TO BE COMPLETED BY ADVISOR OR PROGRAM DIRECTOR

Student's	Name	(required)
-----------	------	------------

Student ID# (required)

Has satisfied all degree requirements

|--|

Program of Study completed _____

X grades are cleared_____

Final cumulative GPA

Date passed written comprehensive exams	

IF APPLICABLE

Date passed oral comprehensive Exam _____

Thesis/Project Defense or Capstone Completed ____

Comment(s):

Graduate Faculty recommend this candidate for the degree specified on the graduation application.

Signature, Advisor	Date:
Signature, Program Director	Date:
Date Sent to Graduate School:	

THIS SECTION TO BE COMPLETED BY THE GRADUATE SCHOOL

Date received in	Graduate School:
Date received in	Graduate School.

REQUIRED	IF APPLICABLE
Program of Study completed	THESIS completed
X grades are cleared	
Final cumulative GPA	
Signature, Graduate School / Date	Post Degree For:
	Spring Summer Fall
	To Registrar to Post Degree :

Program Directors: <u>submit this form along with the Graduation Application to the</u> <u>Graduate School</u> no later than the due dates in the catalog for the respective graduation completion: <u>Fall</u> due by January 15; <u>Spring</u> due by summer break which is the day grades are due; and <u>Summer</u> due by August 15 for posting of degrees.