



**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)
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Has satisfied all degree requirements

REQUIRED	IF APPLICABLE
Program of Study completed _____	Date passed written comprehensive exams _____
X grades are cleared _____	Date passed oral comprehensive Exam _____
Final cumulative GPA _____	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:

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