

THE GRADUATE SCHOOL

Recommendation for Award of Doctoral Degree



The Graduate School
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000
607-777-2151; Fax: 607-777-2501
binghamton.edu/grad-school

Please type when completing this form.

Student Information

Name: _____ B-Number: _____
Last First Middle Initial

Program: _____

Semester of start of program (e.g. Fall 2013): _____ Highest degree held at start of program: _____ Master's _____ Bachelor's _____

Date admitted to candidacy for doctoral degree: _____ Date defended dissertation: _____ Total credits: _____

Title of dissertation: _____

Principal Advisor Certification

The student named above has satisfactorily completed all requirements for the doctoral degree and has successfully defended the dissertation.

	Concur	Dissent	Name	Signature	B-Number
Principal Advisor:			_____	_____	_____

Committee Certification

The student named above has successfully defended the dissertation.

	Concur	Dissent	Name	Signature	B-Number (if any)
Committee Members:			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____

Outside Examiner: _____

Graduate Director Certification

I recommend, on behalf of the program, that this student be awarded the doctoral degree.

I will submit a scan/electronic copy of this form to the Graduate School (gad@binghamton.edu) for final approval.

Graduate Director Name: _____ Signature: _____ Date: _____

Graduate School Representative Approval: _____