

THE GRADUATE SCHOOL

Recommendation for Award of Master's 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: _____ Degree: _____

Semester of start of program (e.g. Fall 2013): _____ Total credits: _____

Is the student continuing in a doctoral degree program at Binghamton University? Yes No

If yes, in which program? _____

Principal Advisor and Graduate Director Certification

The student named above has satisfactorily completed all requirements for the master's degree, including:

1. All course requirements specified in the Bulletin for the student's year of admission
2. Providing satisfactory evidence of familiarity with basic hypotheses and techniques of the discipline and of competence in applying them, by means of:

Oral examination AND/OR

Written examination AND/OR

Required paper(s) AND/OR

Required project(s) AND/OR

Thesis submitted to the Graduate School

If thesis submitted to the Graduate School, title of thesis: _____

We recommend, on behalf of the program, that this student be awarded the master's degree.

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

Principal Advisor Name: _____ Signature: _____ Date: _____

Graduate Director Name: _____ Signature: _____ Date: _____

Graduate School Representative Approval: _____