

THE GRADUATE SCHOOL

Recommendation of Award of Doctoral Degree

Student Name: _____ B#: _____
Last First MI

Program: _____

Semester admitted to program (e.g Fall 2008): _____

Specialization/concentration: _____

Date of admission to candidacy: _____

Date of dissertation defense: _____

Dissertation title: _____

AWARD OF DOCTORATE RECOMMENDED

Principal Dissertation Adviser: _____ B#: _____ Signature: _____

EXAMINING COMMITTEE

CONCUR	DISSENT	NAME (TYPE)	B#	SIGNATURE
		Chair		
		Committee Member		
		Committee Member		
		Committee Member		
		Committee Member		
		Outside Examiner		

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

Graduate Director submitting this request: _____

Signature: _____ Date: _____
Director of Graduate Studies

Approved by: _____ Date: _____
Graduate School Representative