

# THE GRADUATE SCHOOL

Recommendation for Award of Master's Degree/Advanced Certificate

**BINGHAMTON**  
UNIVERSITY  
STATE UNIVERSITY OF NEW YORK

The Graduate School  
PO Box 6000  
Binghamton, New York 13902-6000  
607-777-2151, Fax: 607-77-2501  
gradschool.binghamton.edu

Master's Degree     Advanced Certificate (Advanced certificate must include check for \$100 to B.U. Graduate School from student)

Student name:

B Number:

*Last*

*First*

*MI*

Program:

Degree:

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

Specialization/concentration:

Total credit hours earned for degree:

GPA:

## CERTIFICATION by the Director of Graduate Studies

The student named above has:

1. Fulfilled all program course requirements specified in the Bulletin for the year of admission     Yes     No  
If recommending for advanced certificate, please list course numbers that satisfied requirements (*e.g. EDUC 606*):

2. Given satisfactory evidence of familiarity with basic hypotheses and techniques of the discipline and competence in applying them, by means of: (*check applicable*)

Written examination

Required papers

Oral examination

Project/other

Thesis that is required to be submitted to the Graduate School

Thesis title (*if thesis is required by program*)

I recommend, on behalf of the program, that the student be awarded the master's degree/advanced certificate.

Name (print or type)

Signature

Date

Student's adviser

Director of Graduate Studies

Is student continuing as a doctoral candidate?     Yes     No

If yes, please specify the program:

Approved by:

Date:

Graduate School Representative