

College of Graduate Studies and Research
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Mankato, MN 56001
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Recommendation for Conferral of the Doctoral Degree

TO: Dean of the College of Graduate Studies and Research

NAME OF STUDENT: _____ TECH ID: _____

DEGREE: _____ DEPT: _____

The student noted above has fulfilled requirements for the doctorate as evidenced below:

1. Admitted to candidacy _____(date)
2. Dissertation or other research activity submitted and approved _____(date)
3. Satisfactory defense of dissertation or research activity _____ (date)
4. Dissertation and abstract submitted to College of Graduate Studies and Research _____ (date)
5. Dissertation or research activity title _____

Advisor

Committee Member

Committee Member

Committee Member

Department Chair

Committee Member

Committee Member

Committee Member

Dean, College of Graduate Studies and Research