



College of Graduate Studies and Research

MINNESOTA STATE UNIVERSITY, MANKATO

Recommendation for Awarding the Master's Degree

Note: This form is to be submitted to the Graduate Studies Office only after the student has completed all graduate program requirements.
The form must include all required signatures before being returned to the Graduate Studies Office.

Submit completed form to: College of Graduate Studies and Research, 115 Alumni Foundation Center
Phone: 507-389-2321, Fax: 507-389-5974, grad@mnsu.edu

Candidate's Name: _____ Tech ID: _____

Award (check one)

Master of _____ Specialist Degree _____ Graduate Certificate _____
Please specify type of degree (e.g. Master of Science)

Major _____

Term of Completion of Program Requirements

Summer Fall Spring Year _____

Capstone Experiences Completed (check all that apply)

Thesis	Alternate Plan Paper	Creative Project	Design Project
Internship	Oral Defense	Portfolio	Other _____

Comprehensive Examination

Oral Examination	_____ (date completed)	Or Examination waived or not required
Written Examination	_____ (date completed)	Or Examination waived or not required

We, the Examining Committee, certify that the above named candidate has completed all requirements for the degree.
To be signed by the same individuals who approved the *Application of Graduation*.

Advisor/Chair of Committee Signature

Print Name

Date

Committee Member Signature

Print Name

Date

Committee Member Signature

Print Name

Date

Department Graduate Coordinator Signature

Print Name

Date

----- * For Office Use Only *

Dean, College of Graduate Studies

Date



MINNESOTA STATE

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