



**College of Graduate Studies and Research**  
MINNESOTA STATE UNIVERSITY, MANKATO

## Recommendation for Conferral of the Doctoral Degree

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

**Submit completed form to:** College of Graduate Studies and Research, 115 Alumni Foundation Center  
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Candidate's Name: \_\_\_\_\_ Tech ID: \_\_\_\_\_

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

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 or research activity title \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ 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

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\* For Office Use Only \*

\_\_\_\_\_  
Dean, College of Graduate Studies

\_\_\_\_\_  
Date



**MINNESOTA STATE**

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