

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

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 \* For Office Use Only \*

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 Dean, College of Graduate Studies Date