

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

NAME OF CANDIDATE: _____ 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 Signature	_____ Print Name	_____ Date
_____ Committee Member Signature	_____ Print Name	_____ Date
_____ Committee Member Signature	_____ Print Name	_____ Date
_____ Committee Member Signature	_____ Print Name	_____ Date
_____ Department Chair or Doctoral Program Coordinator Signature	_____ Print Name	_____ Date

* For Office Use Only *

Dean, College of Graduate Studies

Date