

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