



Recommendation for Award of Graduate Degree

Please note: By signing this form, you are confirming that all degree requirements **have been completed**. Forms that are forwarded to the Graduate Studies Office before the completion of the student's degree requirements will be returned for new signatures.

Department/School _____ Degree _____

Student Name _____ Fredonia ID _____

Anticipated Graduation Semester _____

The Department Chair/School Director/College Dean hereby certifies that the student has completed the degree requirements listed below on the dates indicated. Please indicate the date completed or "NR" (not required) below.

Requirement	Date or "Not Required"
Admission to Degree (date on acceptance letter)	Date _____
Prescribed courses (as on transcript). If substitutions/waivers are recommended, please indicate details below. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	Date _____
Thesis/Capstone Project (Please include title below) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Date _____ Not Required <input type="checkbox"/>
Examination _____	Date _____ Not Required <input type="checkbox"/>
Other Requirement (Please indicate) _____	Date _____ Not Required <input type="checkbox"/>
Completion Semester _____	

Signatures

_____ Advisor Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
_____ Chair/Director/Dean Date	
_____ Dean of the College of Education Date	
_____ Associate VP for Graduate Studies & Research Date	