



STATE UNIVERSITY OF NEW YORK

Office of the Registrar  
Reed Library  
Fredonia, NY 14063  
(716) 673-3171

# 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 Registrar's Office before the completion of the student's degree requirements will be returned for new signatures.

Department/School: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

FID: \_\_\_\_\_

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 below:

Date: \_\_\_\_\_

Thesis/Capstone Project (Please include title below):

Date: \_\_\_\_\_ Not Required

Examination: \_\_\_\_\_

Date: \_\_\_\_\_ Not Required

Other requirement (please indicate): \_\_\_\_\_

Date: \_\_\_\_\_ Not Required

Completion Semester: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director/Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the College of Education (for students in COE only)

\_\_\_\_\_  
Date