

**Instructions for Faculty Member: Complete section I and either section II or III below. Submit the completed form to the dean's office of your school/college.**

**SECTION I: STUDENT INFORMATION**

Name (Last, First, Middle)	TUId	Anticipated Graduation Date
School/College	Program	Degree

**SECTION II: RECOMMENDATION FOR GRADUATION**

<b>I/We hereby certify by signing below that I/we recommend this student for graduation.</b>		
1. Total number of semester hours required for the program:		
2. Total number of semester hours completed:		
3. Total number of transfer credits approved and posted by the school/college: Transfer Institution: _____		
4. Total number of semester hours of waived courses:		
5. Total number of semester hours awarded for Advanced Standing:		
6. Does the student have any "I," "MG," or "NR" grades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Semester and year student was admitted to the doctoral program:		
8. Semester and year student passed the preliminary examination(s)/doctoral comprehensive exam(s):		
9. Semester and year student was elevated to candidacy:		
10. Semester and year student passed the final examination/oral defense:		
11. Has the student completed the degree within the seven-year time limit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If not, have approved Extension of Time forms been posted to ISIS for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has the student met the continuous enrollment requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. If not, have approved and paid Leave of Absence forms been posted to ISIS for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. If required, has the student successfully passed all foreign language examinations? Language: _____ Date Passed: _____ Language: _____ Date Passed: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Date final dissertation copies were submitted to the Graduate School in 501 Carnell Hall:		
Signature of Advisor	Name of Advisor	Date / /
Signature of Department Chair	Name of Department Chair	Date / /

**SECTION III: JUSTIFICATION FOR NOT RECOMMENDING STUDENT FOR GRADUATION**

Rationale:		
Signature of Advisor	Name of Advisor	Date / /
Signature of Department Chair	Name of Department Chair	Date / /