Graduate School
TEMPLE UNIVERSITY

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**Graduation Recommendation
for Doctoral Candidates**
(Form GS-31grd)

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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 and Middle)	TUid	Anticipated Graduation Date
School/College	Program	Degree

SECTION II: RECOMMENDATION FOR GRADUATION

I/We hereby certify by signing below that I/we recommend this student for graduation.		
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?	❐ Yes	❐ 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? 12. If not, have approved Extension of Time forms been posted to ISIS for the student?	❐ Yes ❐ Yes	❐ No ❐ No
13. Has the student met the continuous enrollment requirements? 14. If not, have approved and paid Leave of Absence forms been posted to ISIS for the student?	❐ Yes ❐ Yes	❐ No ❐ No
15. If required, has the student successfully passed all foreign language examinations? Language:_____ Date Passed: _____ Language:_____ Date Passed: _____	❐ Yes	❐ 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 / /