

**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**

<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. Does the student have any "I," "MG," or "NR" grades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has the student completed all required courses for the master's degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Semester and year student was admitted to the master's program:		
8. Semester and year student <input type="checkbox"/> passed the comprehensive examination <input type="checkbox"/> completed the master's project <input type="checkbox"/> completed the thesis or <input type="checkbox"/> completed "other" _____ :		
9. Has the student completed the degree within the stated time limit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. If not, have approved Extension of Time forms been posted to ISIS for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Has the student met the continuous enrollment requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. 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
13. If a thesis is required, date final 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 / /