

**RECOMMENDATION to CONFER Ph.D.**

TO: Dean, School of Education

FROM: Department of Educational Theory and Practice

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

STUDENT TELEPHONE NUMBER: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

The above-named student fulfilled requirements for the Ph.D. degree as of the dates indicated on page 2.

The faculty of the Department of Educational Theory and Practice recommend the conferral of the Doctor of Philosophy Degree.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Chair's Signature

# RECOMMENDATION to CONFER Ph.D.

(Requirement)

1. Full-time Study in Residence \_\_\_\_\_
2. Qualifying Examination \_\_\_\_\_
3. Admitted to Candidacy \_\_\_\_\_
4. Dissertation Oral Examination \_\_\_\_\_
5. Application to Registrar  
(Approved by Advisor) \_\_\_\_\_
6. Other \_\_\_\_\_

Dissertation Title:

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Attachments: Two copies of dissertation  
Two copies of abstract  
FSA receipt for binding  
Agreement form instructions – American Doctoral Dissertations Survey of Earned  
Doctorates

Cc: Dean of Graduate Studies  
Advisor  
Department File