

Recommendation for the  
Conferral of the  
Doctoral Degree

TO: Graduate Office  
FROM: Ph.D. Program Director  
DATE:

Name of Student:

Address:

Department: Information Science Ph.D. Program

Degree: Ph.D.

Date study began in doctoral program:

The above-named student has fulfilled requirements for the doctoral degree as of the dates indicated below.

1. Admission to candidacy:
2. Approval of dissertation topic:
3. Satisfactory defense of dissertation:
4. Dissertation submitted, read and approved:
5. Dissertation and abstract with required certifications submitted to the Graduate Office:
6. Dissertation title:

The above-named student has completed all requirements for the degree. On behalf of the Ph.D. program, I recommend that the doctorate be awarded to him/her.

\_\_\_\_\_  
Ph.D. Program Director signature

\_\_\_\_\_  
Date