

**GRADUATE FORM B**

**NOTICE OF COMPLETION OF GRADUATE PROGRAM AND RECOMMENDATION FOR THE CONFERRAL OF MASTER'S DEGREE**

**Name:** \_\_\_\_\_ **UOG ID No:** \_\_\_\_\_

**Degree/ Program:** \_\_\_\_\_

*This will certify that the above named student has fulfilled and completed the requirements for the graduate program indicated above.*

Final Written Examination	PASSED / FAILED	_____	_____
		<i>Date</i>	<i>Committee Chair Signature</i>

Final Oral Examination	PASSED / FAILED	_____	_____
		<i>Date</i>	<i>Committee Chair Signature</i>

Thesis or Special Project	PASSED / FAILED	_____	_____
		<i>Date</i>	<i>Committee Chair Signature</i>

**COMMITTEE MEMBER(S) SIGNATURES:**

_____	Approving / Disapproving	_____
<i>Committee Member Name &amp; Signature</i>		<i>Date</i>

_____	Approving / Disapproving	_____
<i>Committee Member Name &amp; Signature</i>		<i>Date</i>

_____	Approving / Disapproving	_____
<i>Committee Member Name &amp; Signature</i>		<i>Date</i>

**RECOMMENDATIONS FOR THE MASTER'S DEGREE:**

*Recommended by:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Committee Chair*

*Recommended by:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Program Chair*

*Recommended by:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Dean*

**APPROVED BY:** \_\_\_\_\_ *Date* \_\_\_\_\_

REMY B. CRISTOBAL, Registrar