

**DOCTORAL
RECOMMENDATION FOR THE DEGREE**

The doctoral program must submit this form to the Office of Graduate Studies upon completion of all final evaluation procedures.
Since the GO-17 is such a vital document it should always be delivered, not mailed, to OGS.

Students can never handle their own GO-17 once it has any signatures.

Student _____ ID # _____

is a candidate for the Ph.D. / Ed.D. degree in _____ and has fulfilled the following requirements:
circle one

1. Comprehensive Examination and Advancement to Candidacy

This candidate satisfactorily completed the comprehensive examination(s) on (date) _____ and was
Advanced to Candidacy on (date) _____. Verification is in the student's file.

Foreign Language Verification (language) _____ (date) _____ NA _____

Office of Graduate Studies Date

2. Oral Defense of Dissertation

This candidate has defended his/her dissertation on _____.
The examiner's decisions are indicated by the undersigned: (enter dissertation defense date)

_____	Pass Fail	_____	Pass Fail
_____	Pass Fail	_____	Pass Fail
_____	Pass Fail	_____	Pass Fail
_____	Pass Fail	_____	Pass Fail

Graduate Office Representative

DISSERTATION GRADE

To be used for grading 603 Dissertation credits only. All other course numbers must be graded online or with an SGR.

Dept.	603 No.	Grade	Dissertation Adviser signature	Dissertation Adviser – print name
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The signature verifies that this is the official grade to be posted on the Portland State University transcript.
A minimum of 27 603 credits are required for Ph.D. degrees (18 for Ed.D. degrees),
but all 603 Dissertation credits on the student's transcript will be changed to this grade.

OGS USE ONLY: This candidate has submitted to the Office of Graduate Studies on (date) _____ four (five) copies
of the abstract and three (four) copies of the dissertation approved by Graduate Studies on (date) _____.

3. Other Final Evaluation (if applicable)

This candidate has successfully completed all other evaluation procedures required by the department or program, namely:
(specify) _____.

**REQUIRED: This candidate (IS) (IS NOT) (circle one) certified to the Faculty of the University
as having fulfilled the above requirements for the degree.**

Adviser (required) Date Department Chair (if applicable) Date

Doctoral Coordinator (required) Date Dean of Graduate Studies Date