

MASTERS
RECOMMENDATION FOR THE DEGREE

The department 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 _____ degree in _____ and has fulfilled the following requirements:

1. Foreign Language Verification (if applicable; required for M.A. and M.A.T. degrees)

Language _____ Date _____ Office of Graduate Studies _____ Date _____

2. Written Examination (if applicable)

This candidate has taken a written comprehensive examination administered _____.
The examiner's decisions are indicated by the undersigned: _____ (enter written exam date)

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

3. Oral Examination, including Thesis defense (if applicable)

This candidate has taken an oral examination administered _____.
The examiner's decisions are indicated by the undersigned: _____ (enter oral exam date)

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

Graduate Office Representative

THESIS GRADE
To be used for grading 503 Thesis credits only. All other course numbers must be graded online or with an SGR.
Dept. No. Grade Thesis Adviser signature Thesis Adviser - print name
The signature verifies that this is the official grade to be posted on the Portland State University transcript.
A minimum of 6 and a maximum of 9 credit hours are used for the degree,
but all 503 Thesis 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 copies of
the abstract and three copies of the thesis approved by Graduate Studies on (date) _____.

4. 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 _____ Date _____ Department Chair _____ Date _____

Dean of Graduate Studies _____ Date _____