

COLLEGE OF
Graduate Studies AND Research
 MINNESOTA STATE UNIVERSITY MANKATO

Recommendation for Conferral of the Doctoral Degree

Submit completed form to: College of Graduate Studies and Research, 115 Alumni Foundation Center
 Phone: 507-389-2321, Fax: 507-389-5974, grad@mnsu.edu

NAME OF CANDIDATE: TECH ID:

DEGREE: PROGRAM:

The student noted above has fulfilled requirements for the doctorate as evidenced below:

1. Admitted to candidacy (date)
2. Dissertation or other research activity submitted and approved (date)
3. Satisfactory defense of dissertation or research activity (date)

4. Dissertation or research activity title



 Advisor Signature

Jason A. Kaufman

 Print Name 11/6/20

 Date



 Committee Member Signature

Bernadeia Johnson

 Print Name 11/6/20

 Date



 Committee Member Signature

Dana Wagner

 Print Name 11/7/20

 Date

 Committee Member Signature

 Print Name _____
 Date

 Department Chair or Doctoral Program Coordinator Signature

 Print Name _____
 Date

 * For Office Use Only *

 Dean, College of Graduate Studies

 Date