

**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 (184 XSB).

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)

_____	Date _____	Office of Graduate Studies _____	Date _____
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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 _____
_____	_____	_____	Pass Fail _____

THESIS GRADE

To be used for grading 503 Thesis credits only. All other course numbers must be graded online or with an SGR.

Dept.	503	Grade _____	Thesis Adviser signature _____	Thesis 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 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) _____ an electronic copy of the abstract and 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 _____
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Dean of Graduate Studies _____ Date _____