

**DOCTOR OF AUDIOLOGY/DOCTOR OF NURSING PRACTICE
REPORT OF DEGREE COMPLETION**

Name of Candidate: _____ PUID No.: _____

Major Professor: _____ Graduate Faculty Identifier: _____

Project/Paper Title: _____

Date Project/Paper Approved: _____ Date of Project Presentation/Defense: _____
(Doctor of Audiology Only)**Recommendation for:** **Doctor of Audiology** **Doctor of Nursing Practice**

When the Graduate School has verified that all other requirements have been met, we;

- Do recommend that the candidate be certified to the faculty for the above degree.
- Do NOT recommend that the candidate be certified to the faculty for the above degree.

In the event the candidate is not certified for the degree it is recommended that he or she be

- Advised to withdraw from the graduate program.
- Permitted to continue under the follow conditions:

Examination:

	Approve	Disapprove	Examining Committee:	Graduate Faculty Identifier
	<input type="checkbox"/>	<input type="checkbox"/>	_____, Chair	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Recorded by: _____ _____
Head of the Graduate Program Date

This report should be forwarded to the OGSPS as soon as the above degree requirements have been completed.

*If four or more members on the committee, no more than one dissenting/abstaining vote is acceptable in certifying candidate to receive the degree.