

**PURDUE UNIVERSITY  
GRADUATE SCHOOL  
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 School.  
\_\_\_\_\_ Permitted to continue under the follow conditions:

**Examination:**

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

**Recorded by:** \_\_\_\_\_ Head of the Graduate Program                      \_\_\_\_\_ Date

---

This report should be forwarded to the Graduate School 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.