

# Recommendation for Award of OTD Degree

**Degree Date** See the Graduate Student Handbook for deadlines

NOVEMBER (*restricted—see handbook*)  
  FEBRUARY  
  MAY  
  AUGUST

Name (as it will appear on diploma) \_\_\_\_\_  
FIRST MIDDLE LAST

Student ID# \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Current address \_\_\_\_\_

Diploma mailing address \_\_\_\_\_

Previous degrees \_\_\_\_\_ Earned at \_\_\_\_\_  
INSTITUTION  
 \_\_\_\_\_  
INSTITUTION  
 \_\_\_\_\_  
INSTITUTION

Matriculation date \_\_\_\_\_ Department \_\_\_\_\_

Major \_\_\_\_\_ Concentration \_\_\_\_\_

**Leadership project title:** \_\_\_\_\_  
(NOTIFY GRADUATE OFFICE IF TITLE CHANGES)

\_\_\_\_\_

\_\_\_\_\_

Subject to satisfactory defense of my leadership project, I apply for award of the OTD degree in \_\_\_\_\_  
(MONTH/YEAR)

Attached is an unofficial transcript "signed" by my adviser.  
 I have completed the **Graduate Exit Survey** on line.

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend that, subject to the satisfactory defense of his/her leadership project, this candidate be recommended to the trustees for bestowal of the OTD degree, and I certify that the attached academic transcript that I have signed shows that he/she has met all Graduate School and departmental requirements for the degree.

The following have consented to serve as a committee to judge the candidate's defense of his/her leadership project:

1. \_\_\_\_\_  
COMMITTEE CHAIR
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Date \_\_\_\_\_ Department chairperson \_\_\_\_\_

Adviser \_\_\_\_\_