COMMITTEE APPROVAL FORM

_____
Date

Submit to: Judith Wittenberg
Graduate School
2127 Campus Drive

Approval is requested for the following Advisory Committee for:

Student Name: _____

Department Name: _____

for the students: **( ) Ph.D. preliminary examination** **( ) Ph.D. final examination**

( ) A.M./M.S. examination

Professor's Full Name	Rank/Title	Department
_____ (Committee Chair)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

►REQUIRED – MINOR AREA REPRESENTATIVE

If the advisor and chair are not the same person, please identify the advisor with an *.

The above listing is (check one):

_____ original committee request.

_____ change in the student's previously approved committee.

We understand that members of a graduate student's advisory committee must be approved as a graduate faculty member, and that any committee member now on the faculty of another institution should be a member of that institution's graduate faculty. The institution's name is listed for any non-Duke member.

Submitted by:

_____
Director of Graduate Studies

Approved by:

_____
Associate Dean, Graduate School