



DUKE UNIVERSITY GRADUATE SCHOOL
DEPARTMENTAL AFFILIATION FORM

TO: Susan Williford
Coordinator, Student Records
Box 90066
127 Allen Building

FROM: _____
Student Name (print clearly) _____ Student e-mail address _____

Departmental address (box no.) _____ Campus phone number _____

Physical location on campus _____

DATE: _____

This memo is to notify the Graduate School that I have chosen to affiliate with the Department/Program of _____ and with _____ as faculty advisor. I will also maintain membership in the _____ certificate program. The Directors of Graduate Studies of the Program and Department have given their approval to this affiliation by signing below.

Student's signature

DGS of program (signature)

DGS of new Department/Program (signature)