



**DEPARTMENTAL
AFFILIATION FORM**

TO: Coordinator of Student Records gradacademics@duke.edu

FROM: _____
Student Name Student ID (7 digit # listed in DukeHub)

Duke e-mail Address Student's **Admitting** Ph.D. Program
(e.g., MST-PHD, DVB-PHD, etc.)

Date of this Request : _____

This memo is to notify The Graduate School that I have chosen to affiliate with the Department/Program _____ 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.

DGS of Program Name (Type) DGS of Program Electronic Signature

DGS of Department Name (Type) DGS of Department Electronic Signature

Mentor/Advisor (PI) Name (Type) Mentor/Advisor (PI) Electronic Signature

Student Electronic Signature