



**DEPARTMENTAL
AFFILIATION FORM**

TO: Coordinator of Student Records
Duke University Graduate School
2127 Campus Drive Box 90068
Durham, NC 27708

DATE: _____

FROM: _____
Student Name

Student ID (Not Unique ID)

Departmental Address (box no.)

e-mail address

Physical Location on Campus

Campus Phone Number

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 (Print)

DGS of Program Signature

DGS of Department Name (Print)

DGS of Department Signature

Student Signature