**NOMINATION TO THE GRADUATE FACULTY**

**FULL MEMBERSHIP**

The Department/Program of       wishes to nominate       for **Full Membership** on the Graduate Faculty. We certify below that current members of the Graduate Faculty in       Department/Program have voted on and approved this nomination and have included a current curriculum vitae **(CV)** with this nomination form.

## Additional Information Required:

Primary Unit of Nominee’s Duke Appointment:

Nominee’s Academic Rank:

Nominee’s Date of Birth:

If Duke, Nominee Hire Year:

If Duke, Nominee’s Duke Unique ID:

Nominee’s Contact Information: Address/Box #:

Email:

Phone:

## Submitted by:

Date:

Department Chair/Program Director

Date:

Director of Graduate Studies

**Approved by:**

Date:

Senior Associate Dean, Graduate School