## NOMINATION TO THE GRADUATE FACULTY FULL MEMBERSHIP

The Department/Program of	
wishes to nominate	for Full Membershi
on the Graduate Faculty. We certify below	v that current members of the Graduate Faculty in
	have voted on and approved this nomination, an
have included a curriculum vitae (CV) v	with this nomination form.
Additional Information Required:	
Primary Unit of Nominee's Duke Appoint	tment:
Date of Birth:	
Nominee's Academic Rank:	
Nominee's Date Hire:	
Nominee's Duke Unique ID:	
Nominee's Contact Information:	Box #
	Email:
	Phone:
Gender: [ ] Female [ ] Male (to b	be used for correspondence purposes only)
Submitted by:	
	Date:
Dept Chair/Program Director	D 4
Director of Graduate Studies	Date:
Approved by:	
	Date:
Associate Dean, Graduate School	