

**NOMINATION TO THE GRADUATE FACULTY
TERM MEMBERSHIP**

The Department/Program of _____
wishes to nominate _____ for **Term**

Membership on the Graduate Faculty. The term of this appointment should run from
_____ to _____. **We have included a curriculum vitae**
month/date/year month/date/year

(CV) with this nominations form.

All Information Below is Required:

If Duke, Primary Unit of Nominee's Duke Appointment (Department/Program): _____

If Duke, Nominee's Year of Duke Hire _____

Nominee's Academic Rank/Title: _____

Nominee's Date of Birth: _____

Nominee's Complete Contact Information: Address/Box #: _____

Email: _____ **Phone:** _____

Gender: [] Female [] Male (to be used for correspondence purposes only)

Submitted by:

Dept Chair/Program Director **Date:** _____

Director of Graduate Studies **Date:** _____

Approved by:

Associate Dean, Graduate School **Date:** _____