COMMITTEE APPROVAL FORM

_____
Date

Submit to: Associate Dean
Graduate School
127 Allen Building
Duke University

Approval is requested for the following Advisory Committee for:

Students Name: _____

Department Name: _____

for the students: **( ) Ph.D. preliminary examination** **( ) Ph.D. final examination**

( ) A.M./M.S. examination

Professor's Full Name	Rank/Title	Department
_____ (Committee Chair)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

►REQUIRED – MINOR AREA REPRESENTATIVE

If the advisor and chair are not the same person, please identify the advisor with an *.

The above listing is (check one):

_____ original committee request.

_____ change in the student's previously approved committee.

We understand that members of a graduate student's advisory committee must be approved for graduate instruction or graduate faculty, and that any committee member now on the faculty of another institution should be a member of that institution's graduate faculty. The institution's name is listed for any non-Duke member.

Submitted by:

_____ **Date**: _____
Director of Graduate Studies

Approved by:

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