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**RECOMMENDATION FOR
DOCTORAL ADVISORY/DISSERTATION COMMITTEE AND *PLAN OF STUDY**

Please submit to The Graduate School *no later than* upon completion of the first 18 semester hours of graduate courses

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree: _____ Major: _____

Tentative title of dissertation: _____

The following graduate faculty members are recommended to The Graduate School as doctoral advisory/dissertation committee members for the above-named student and each one has agreed to assume this responsibility. The attached plan of study has been approved by this committee.

Use Dropdown for Co-Chair

Graduate Faculty Status (Use Dropdown)

Chair's Signature: _____

Print Name: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Signature below endorses Chair as doctoral advisor and chair of dissertation committee

Department Head or
Director of Graduate Study: _____ Date: _____

Approved: _____ Date: _____
Vice Provost and Dean of The Graduate School

***Attach doctoral plan of study**

Email: Department Head or
Director of Graduate Study

Committee Chair

Administrative Assistant
Student