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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: _____

Department Head or Graduate Program Director: _____ Date: _____

Approved: _____ Date: _____
Dean of the Graduate School

*Attach doctoral plan of study

Original to student file
Email: Department Head or Graduate Program Director

Committee Chair

Student
Admin Assistant