



Nomination for Service on Doctoral Committees

Return completed form to:
The Graduate School
501 Carnell Hall
1803 N. Broad St.
Phila., PA 19122
Fax 215-204-8781

The Nominee's current Curriculum Vitae (CV) must accompany this request.

Doctoral Committee Nominee _____

Please print or type

Student Information

SSN _____ - _____ - _____

Email _____

Name _____

Last

First

M.I.

Current Address _____

Street

City

State

Zip

Home Telephone () _____ - _____

Nominated to:

(Choose only one)

1. _____ Participation in an individual student's committee (i.e., one-time use)
2. _____ Emeritus Graduate Faculty Status (One-year appointment)
For which academic year? _____
3. _____ Research Faculty
4. _____ Non-Presidential Exception (One-year appointment)
For which academic year? _____

Program/Department Endorsing Nominee's Participation

Program/Department _____

College _____

The nominee's current CV must accompany this form.

Signatures

By completing and signing this form, you certify that the nominee meets your department's definition of "Graduate Faculty."

Department Chair or Graduate Chair

_____/_____/_____
Date

Assistant/Associate Dean of School/College
if Required by School/College

_____/_____/_____
Date

Graduate School Dean's Decision

Approved

_____/_____/_____
Date

Denied

_____/_____/_____
Date

GF Database Updated

GS Staff Member