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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.

Chair's Signature: _____ Graduate Faculty Status
MEMBER with Endorsement
(Print Name: _____) (Chair must be Graduate Faculty Member with endorsement to chair.)
Member's Signature: []
(Print Name: _____)
Member's Signature: []
(Print Name: _____)
Member's Signature: []
(Print Name: _____)
Member's Signature: []
(Print Name: _____)

Department Head or Director of Graduate Study: _____ Date

Dean, School of Education: _____ Date
(required for education majors)

Approved: _____ Date
Dean of The Graduate School

- *Attach doctoral plan of study
Original to student file
c: Department Head or Director of Graduate Study
Dean (for education majors)
Committee Chair
Student