**NOMINATION TO THE GRADUATE FACULTY**

**TERM MEMBERSHIP**

The Department/Program of wishes to nominate for **Term Membership** on the Graduate Faculty. The term of this appointment will begin on (M/D/YR) and end on (M/D/YR) (maximum of five years). **A current curriculum vitae (CV) is included** with this nomination form.

All Information Below is Required:

If Duke, Primary Unit of Nominee’s Duke Appointment (Department/Program):

If Duke, Nominee’s Year of Duke Hire:

Nominee’s Academic Rank/Title:

Nominee’s Date of Birth: (M/D/YR)

Nominee’s Complete Contact Information: Address/Box #:

**Email**: **Phone**:

**Submitted by (DGS signature is required):**

Dept Chair/Program Director Date

Director of Graduate Studies Date

**Approved by:**

Senior Associate Dean, Graduate School Date