



The Graduate School

# Approval of Scholarly Document Committee

Please submit this completed form to The Graduate School within the semester in which the student registers for dissertation, thesis, or research credits.

Full Legal Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_@dukes.jmu.edu

Program: \_\_\_\_\_ Concentration(s) (if any): \_\_\_\_\_

Anticipated Degree:  Au.D.  D.M.A.  D.N.P.  Ph.D.  Psy.D.  Ed.S.  M.A.  M.A./Ed.S.  M.A.T.  
 M.B.A.  M.Ed.  M.F.A.  M.M.  M.O.T.  M.P.A.  M.P.A.S.  M.S.  M.S.Ed.  M.S.N.

Project being completed:  Research Project  Thesis  Dissertation  Musical Arts Document  Clinical Research

Adviser (Printed Name): \_\_\_\_\_

Each committee must consist of a chair and two other JMU graduate faculty members. Additional faculty may be included with the approval of the dean of The Graduate School. If a recommended member of the committee is not a graduate faculty member, please indicate his/her area of specialization and qualifications for inclusion. Attach additional sheets if necessary.

Committee Chair (Printed Name): \_\_\_\_\_ Academic Unit: \_\_\_\_\_

**Committee (print all names):**

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No

**Provide the following signatures for Committee Approval:**

\_\_\_\_\_  
Student Date Advisor Date

\_\_\_\_\_  
Thesis/Dissertation Chair Date Academic Unit Head Date

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
The Graduate School Date

*\*Completed by The Graduate School upon submission*

Completed forms may be submitted to The Graduate School Offices (Madison Hall, MSC 6702) or emailed to gradstudentservices@jmu.edu.