



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.

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 Program: _____ Concentration(s) (if any): _____
 Anticipated Degree: ☐ Au.D. ☐ D.M.A. ☐ D.N.P. ☐ Ed.D. ☐ 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
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**Completed by The Graduate School upon submission*

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