



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 their 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. 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

Advisor (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*