

DATE _____

GRADUATE FACULTY COMMITTEE
APPROVAL FORM

STUDENT'S NAME _____ ID# _____

DEPARTMENT _____ Email _____

DEGREE SOUGHT: _____ MASTERS _____ DOCTORATE

COMMITTEE COMPOSITION

	Name	DEPARTMENT (Dept/ in which faculty members holds status)	Graduate Faculty Status			
			Dir.Dis.	Reg.	Adjunct	Off use
1.	Chair,					
2.						
3.						
4.						
5.						
6.	OPT.					

Comments:

Student's Graduate
Committee Chair

DEPARTMENTAL APPROVAL
Chair or Departmental
Graduate Advisor

GRADUATE SCHOOL APPROVAL

*The current categories of Graduate Faculty Status consist of:

1. "Direct Dissertation"
2. "Regular"
3. "Adjunct"

For a description of each graduate faculty status, see the operating paper for the Graduate School, SEPT 1, 2011, Page 4. Please note that those faculty who are shown to have Adjunct status, should hold such status for this particular committee until the students work is complete. If not, approval for Adjunct status should be requested and approved before this form is submitted.

Please return this form to grad.deansoffice@siu.edu