



Preliminary Exams Committee Approval Form
Duke Divinity School Th.D. Program
 (submit to Director of Th.D. Program)



Approval is requested for the following advisory committee for:

Student's Name: _____

	Professor's Full Name	Rank/Title	(Department/School – if not DDS)
1.	_____	_____	_____
	(Committee Chair)		
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The above listing is (check one):

original committee request

change in the student's previously approved committee

Date Submitted: _____

Approved by:

 Director of Th.D. Program (for Oversight Committee)

Date: _____

 Associate Dean for Academic Formation

Date: _____