

Program in Comparative Literature Comprehensive Examination Committee Form

Student's Name: _____ EID: _____

AREAS: First: _____ (language/literature)

Second: _____ (language/literature)

Third: _____ (field or lang/literature)

EXAMINERS: *I agree to be a member of the student's exam committee:*

1) _____ date
Signature, Committee Chair

2) _____ date
Committee Member

3) _____ date
Committee Member

4) _____ date
Committee Member

5) _____ date
Committee Member (optional)

Comprehensive Examination scheduled on _____ (date)

at _____ (time) in room _____.

A copy of the reading list has been attached to this form and has been distributed to the committee members and placed in student's permanent file.

Student's Signature date

Approved by Graduate Adviser date