MEMO TO: Director of Graduate Studies

FROM: ________________________________ (Student’s name, SID)

DATE: ________________________________

Final copies of the three reading lists approved by my examining committee are attached, as follows:

Major Field __________________________________________________

Minor Field __________________________________________________

Topic _______________________________________________________

The approval signatures below will confirm my registration to take the Doctoral Examination in the month of _________________, 20__.

Major Field Advisor__________________________________________________ (please print and sign name)

Minor Field Advisor__________________________________________________ (please print and sign name)

Topic Advisor_______________________________________________________ (please print and sign name)

Departmental approval signatures: _________________________________ Date: ________

(Director of Graduate Studies)

____________________________________ Date: ________

(Department Chair)