

**Doctoral Examination Lists Approval**

**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 \_\_\_\_\_

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)

Departmental approval signatures: \_\_\_\_\_

(Director of Graduate Studies)

Date: \_\_\_\_\_

