

# Program in Comparative Literature Comprehensive Examination Committee Form

Student's Name: \_\_\_\_\_ EID: \_\_\_\_\_

AREAS: First: \_\_\_\_\_ (language/literature)

Second: \_\_\_\_\_ (language/literature)

Third: \_\_\_\_\_ (field or lang/literature)

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**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 \_\_\_\_\_.

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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