

Reading List

Comprehensive Option

Student's name _____

Topic 1: _____

Advisor: _____ (print name)

_____ (signature)

Topic 2: _____

Advisor: _____ (print name)

_____ (signature)

Topic 3: _____

Advisor: _____ (print name)

_____ (signature)

The signatures on this page indicate that faculty advisors have reviewed and approve of the attached reading lists as preparation for the student's Comprehensive Exam.

Please return this form to the DGS no later than the final day of instruction before the final exam reading period in the spring semester prior to the Academic Year in which the Comprehensive Exam will be taken.