

**MASTER'S EXAMINATION  
GRADUATE LITERATURE PROGRAM**

**Instructions:** Students must submit this form to the Graduate Program Coordinator at least four months before the date of your written exam. Once this form is filed, exam committee members or reading lists can be changed only upon petition to the Program Director. Refer to the [Literature Program Handbook](#) for details regarding the administration of the exams.

Students should fill out the form, then route to each committee member for their review and approval, then route to the Literature Program Director for approval, then route to Graduate Program Coordinator for confirmation of receipt.

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Name \_\_\_\_\_

Date \_\_\_\_\_

- 1) Attach an approved reading list to this form:

Committee members: Scroll all the way down in this document to view the attachment.

- 2) Will you have finished 30 units of coursework by the end of the semester in which you plan to take the exam?

Yes

No

If not, how many units will you have completed? (Special approval of the Director Required) \_\_\_\_\_

- 3) Attach an un-marked, unrevised term paper written during your MA coursework. Please make sure it is a clean copy (one without grade or comments or name of seminar and professor).

**WRITTEN EXAMINATION:** Must be on a Monday

Written Exam Start Date: \_\_\_\_\_

**ORAL EXAMINATION:** Typically scheduled for a date and time a week after the written exam has been submitted

Oral Exam Date: \_\_\_\_\_

Oral Exam Time: \_\_\_\_\_

**EXAMINATION COMMITTEE**

Please list the names of those faculty members who have agreed to serve on your examination committee. Please type the names and have each professor sign off on this form.

Committee Chair: \_\_\_\_\_

Faculty: \_\_\_\_\_

Faculty: \_\_\_\_\_

Students Signature: \_\_\_\_\_

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

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**COMMITTEE MEMBERS:** By signing this form, you thereby give your final approval to the attached reading list (scroll to the bottom of the document to find attachment) and the written examination and oral examination dates/times listed above.

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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**PROGRAM DIRECTOR'S APPROVAL:**

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONFIRMATION OF RECEIPT:**

Graduate Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(smao@arizona.edu)