



**COMPREHENSIVE AREA STUDY PROGRAM FORM
GRADUATE LITERATURE PROGRAM**

Instructions: Students must submit this form to the Graduate Program Coordinator at least six months before the date of your first written exam. Once this form is filed, comprehensive exam committee members or reading lists can be changed only upon petition to the Program Director.

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.

Name _____

Date _____

- 1) Attach an approved reading list to this form.
- 2) Have you met the foreign language requirement? _____
- 3) What is your minor? _____

WRITTEN EXAMINATION: Please list the areas in which you plan to be examined on the written PhD comprehensive examination and include the start date for each exam. Each written exam generally begins on a Monday at 9:00AM and ends the following Monday at 9:00AM. Refer to the [Literature Program Handbook](#) for details regarding the administration of the exams.

Area I

Genre: _____

Start Date: _____

Area II

Period: _____

Start Date: _____

Area III

Author (1): _____

Author (2): _____

Start Date: _____

Area IV (optional)

Minor: _____

Start Date: _____

ORAL EXAMINATION: Typically scheduled on a Friday at 9AM, 1PM, or 2PM. Exam lasts between 1-3 hours.

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: _____

Faculty: _____

Students Signature: _____

Date: _____

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: _____

Faculty: _____ Date: _____

PROGRAM DIRECTOR'S APPROVAL:

Program Director: _____ Date: _____

CONFIRMATION OF RECEIPT:

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