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? _______________

WRITTEN EXAMINATION: Please list the areas in which you plan to be examined on the written PhD comprehensive examination, plus the dates and times. Refer to the Literature Program Handbook for details regarding the administration of the exams.

Area I
Genre: _____________________________________________________________
Date & Time: _________________________________________________________

Area II
Period: _____________________________________________________________
Date & Time: _________________________________________________________

Area III
Author (1): _________________________________________________________
Author (2): _________________________________________________________
Date & Time: _________________________________________________________

Area IV (optional)
Minor: _____________________________________________________________
Date & Time: _________________________________________________________

ORAL EXAMINATION: Must be on a Friday at 9AM, 1PM, or 2PM
Oral Exam Date: __________________________ Oral Exam Time: ________________________

9.13.2022
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)