

Department of English - University of Arizona
COMPREHENSIVE AREA STUDY PROGRAM
GRADUATE LITERATURE PROGRAM

Name _____ Date _____

1. Have you attached an approved reading list to this form? _____
2. Have you met the foreign language requirement? _____

Please list the areas in which you plan to be examined on the written PhD comprehensive examination, plus the dates and times:

AREA I: Genre: _____
DATE & TIME: _____

AREA II: Period: _____
DATE & TIME: _____

AREA III: Author (1): _____
Author (2): _____
DATE & TIME: _____

AREA IV: Minor (optional): _____

TENTATIVE ORAL DAY & TIME: _____

Please list the names of those faculty members who have agreed to serve on your examination committee (at least four). Please type the names and have the professor initial beside their name.

(Committee members: In initialing this form, you thereby give your final approval to the attached reading list.)

(Chair) _____

Approved: Program Director _____ Date _____

NB: You must submit this form to the Program Secretary 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 Director.