

Reading List for CLT M.A. Examination/Thesis Proposal

Student Name _____ **ID#** _____

Submission Date: _____

Committee Members:

Name _____ Advisor Signature _____

Name _____ Chair Signature _____

Name _____ Signature _____

Graduate Director Clearance:

30 Graduate credits: _____

Language requirements satisfied: Major _____ Minor _____
(language, course number + date
or examination date)

GPD Approval: _____ **Date:** _____