

Reading List for CST Ph.D. Comprehensive Examination

Student Name _____ **ID#** _____

Submission Date: _____

Committee Members:

Name _____ Advisor Signature _____

Name _____ Chair Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Graduate Director Clearance:

48 Graduate credits: _____ M.A. degree credits counted: _____

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

GPD Approval: _____ **Date:** _____