

## DOCTORAL SUPERVISORY COMMITTEE Ph.C. EXAM READING LISTS AGREEMENT

Complete and return to the Graduate Program Assistant in the beginning of the quarter in which you sit for exams.

**Please print or type:**

**Student Name** \_\_\_\_\_

**Field #1** \_\_\_\_\_ **Examiner** \_\_\_\_\_ **(Chair)**

**Field #2** \_\_\_\_\_ **Examiner** \_\_\_\_\_

**Field #3** \_\_\_\_\_ **Examiner** \_\_\_\_\_

We have met to discuss the general expectations for exam preparation and performance and agree to serve on the Doctoral Supervisory Committee for the above-named student. **The student and each examiner who has signed below has reviewed and agreed to the reading lists.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field #1 Examiner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field #2 Examiner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field #3 Examiner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_