

English Graduate Studies
Committee Declaration Form

Name: _____

SMU ID: _____ - _____

Areas of Focus

Primary: _____

Secondary: _____

Tertiary: _____

Qualifying Exam Dates

Written:

1. _____

2. _____

3. _____

Oral:

1. _____

Exam Committee

Director: _____

Second Committee Member: _____

Third Committee Member: _____

Fourth Member (OPTIONAL): _____

Dissertation Committee (if identical to the examination committee, please leave blank)

Director: _____

Second Committee Member: _____

Third Committee Member: _____

Fourth Member (OPTIONAL): _____

Date Approved by Graduate Program Committee:

_____ 20____
(Date)

(Director of Graduate Studies)

(PH.D. Exam Director)

Please submit the completed form to the Assistant to the Chair of the Department of English