

DEPARTMENT OF MIDDLE EAST AND ASIAN LANGUAGES AND CULTURES

MA DEFENSE APPLICATION

All students must complete and submit this form three weeks prior to their MA orals defense.

NAME:

DATE:

NAME OF ADVISOR:

FIELD:

LANGUAGES COMPLETED

Primary Language

1)

(Optional) Secondary Language

2)

THESIS DISTRIBUTION DATE:

COMMITTEE MEMBERS:

Advisor 1)

Second Reader 2)

ADVISOR APPROVAL _____

DIRECTOR OF GRADUATE STUDIES APPROVAL _____