

DEPARTMENT OF MIDDLE EASTERN, SOUTH ASIAN AND AFRICAN STUDIES

MPHIL DEFENSE APPLICATION

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

NAME:

DATE:

NAME OF ADVISOR:

FIELD:

LANGUAGES COMPLETED

Primary Language _____ Secondary Language _____

Reading Language _____

COMMITTEE MEMBERS:

Advisor 1)
Faculty 2)
Faculty 3)

ADVISOR APPROVAL _____

DIRECTOR OF GRADUATE STUDIES APPROVAL _____