SEATRiP:
M.A. PROGRAM IN SOUTHEAST ASIAN STUDIES
DESIGNATION OF COMMITTEE
AND EVALUATION OF
THESIS/COMPREHENSIVE EXAM

Student Name: __________________________ SID #: __________________

Part 1: Designation of M.A. Committee (minimum of three members required)

Proposed Committee: __________________________

Signatures of Committee:

_______________________________(Chair) _________________

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Approved by Graduate Advisor: __________________________ Date: ______

Part 2: Evaluation of Plan 1 (Thesis Exam) or Plan 2 (Comprehensive Exam)

Date of Exam: ______________________

Pass/No Pass __________________________

Signatures of Committee:

_______________________________(Chair) ______

______________________________ ______

______________________________ ______

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Revisions required? (Y/N): ______

If applicable, date revisions approved by Committee: ______

Approved by Graduate Advisor: __________________________ Date: ______