

Graduate Student Program Form  
Department of Linguistics

Ph.D. Degree

Note: This form must be submitted to the graduate advisor

- (i) each year by September 30,
- (ii) when the dissertation proposal is approved by the supervisory committee, and
- (iii) when any changes in the program or supervisory committee occur.

Name \_\_\_\_\_

Reg. No. \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Funding (current year) \_\_\_\_\_

**SUPERVISORY COMMITTEE**

(Note: When the thesis proposal has been approved, the committee members must sign in the spaces provided below. At other times, please print their names.)

4. Has your "Request for Ethical Review" application been approved? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If Yes, the date and number of the approval Date \_\_\_\_\_ Number \_\_\_\_\_

**COLLOQUIUM/PRESENTATION REQUIREMENT**

Title of presentation	Venue	Date
_____	_____	_____

## LANGUAGE REQUIREMENTS

1. LANGUAGE NAME \_\_\_\_\_

1. Has your language requirement on this language been satisfied? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If No, when do you intend to satisfy it? \_\_\_\_\_

3.

Total Program Course Units (items41above):            units