READERS FOR SECOND YEAR PAPER

Please complete the form below, have it signed by your two readers, and return it to the Graduate Administrator at the beginning of the spring semester of your second year.

Student’s Name: ________________________________

Semester: ______________________________________

Print First Reader’s Name: __________________________

Signature of First Reader: __________________________

Print Second Reader’s Name: _________________________

Signature of Second Reader: _________________________

Date: ____________________