

# DEPARTMENT OF MIDDLE EASTERN, SOUTH ASIAN, AND AFRICAN STUDIES

## MPHIL DEFENSE APPLICATION

All students must complete and submit this form one month 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 \_\_\_\_\_