INTENT TO WRITE COMPREHENSIVE EXAMINATION
Department of Religious Studies
THIS FORM IS TO BE COMPLETED IN CONSULTATION WITH YOUR SUPERVISOR

Student Name: _____ Student Number: _____

Exam Session: _____ (Fall, Winter, Spring, Summer)

Exam to be Written (circle one): Major
Minor

Area: _____

Readers

Exam I (Day 1):
Name of 1st Reader (please print) _____ Initials _____
Name of 2nd Reader (please print) _____ Initials _____

Exam II (Day 2):
Name of 1st Reader (please print) _____ Initials _____
Name of 2nd Reader (please print) _____Initials _____

Bibliography

- A **FINAL BIBLIOGRAPHY** has been agreed upon and a copy has been received by both readers and the student **(please sign below)**.
- **Please attach a copy of the bibliography to this form.**

_____
Student Signature

_____
Reader Signature

_____
Reader Signature

_____
Reader Signature

Advisory Committee
Initials indicate approval of the dates and examiners listed above.

	Name:	**Initials:**
Supervisor:	_____	_____
Members:	_____	_____
	_____	_____
	_____	_____

Duration of Examinations: In writing the **major** examination, there usually will be two equal parts, each a maximum of five hours, written on different days; for the **minor**, there usually will be two equal parts, each of a maximum of four hours, written on different days.