

Reading List for CST M.A. Examination/Thesis Proposal

Student Name _____ **ID#** _____

Submission Date: _____

Committee Members:

Name _____ Advisor Signature _____

Name _____ Chair Signature _____

Name _____ Signature _____

Graduate Director clearance:

30 Graduate credits: _____

Language requirements satisfied: Major _____ Minor _____

(language, course number + date
or examination date) _____ Minor _____

GPD Approval : _____ **Date:** _____