

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: _____