

DEPARTMENT OF WOMEN STUDIES  
**PH.D. READING COMMITTEE**

**Student Name:**

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**Student Number:**

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**Approximate Date of Final Exam (quarter/yy):**

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**READING COMMITTEE (Each person must also be a member of your Supervisory Committee.)**

Committee Chair	Email	Signature
Committee Member	Email	Signature
Committee Member	Email	Signature
Committee Member	Email	Signature
Committee Member	Email	Signature

**I have reviewed and approved the appointment of the above Supervisory Committee Members.**

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**Supervisory Committee Chair Date**

Original copy to Women Studies Graduate Program Assistant; copy to Faculty advisor/supervisory committee members; keep a copy for yourself.