

Mythological Studies Program  
READER Appointment Form

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Date*

Name of chair who has agreed to serve on student's committee:

\_\_\_\_\_  
Name of READER

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
E-mail:

I have reviewed the concept paper and will serve as the reader of the committee.

\_\_\_\_\_  
*Reader*

\_\_\_\_\_  
*Date*

I certify that my name, typed on the line above, is my authorized signature for this document.

**PROCEDURE**

1. STUDENT submits the course-approved concept paper to the reader with this form. Reader is under no obligation to accept the paper as written and may request changes.
2. READER reviews concept paper and suggests revisions, as necessary, to student.
3. READER signs this form when concept paper meets his or her approval, and sends one copy to the Dissertation Office and one copy to the dissertation chair.
4. DISSERTATION OFFICE sends a contract for services to the reader.