Committee on the Study of Religion, Harvard University

 Notice of Intent to Take Ph.D. General Exams

Student (First & Last Name):

Field of Study:

Primary Advisor:

Semester & Year of Exams:

Include a bibliography for each exam signed by the examiner as a pdf or submitted by email with the examiner copied for approval confirmation. Each bibliography must begin with a paragraph explaining the nature of the topics chosen and the rationale for selecting the materials listed. Be sure to include your name, examination number (1, 2, 3 or 4), examination title (area) and the name of the faculty examiner(s) at the beginning of each exam.

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| --- | --- |
| *Anticipated Exam* | *Anticipated Examiner(s)* |
| *1) Theory and Method in the Study of Religion* |  |
| *2) Tradition or Complex:* |  |
| *3) Special Field or Minor Tradition:* |  |
| *4) Special Field or Paper (include Title):* |  |

Include information about any required courses graded as "INCOMPLETE" or otherwise ungraded, as well as language or other requirements not yet met. Indicate your plan for completion. **All program requirements for the first two years must be met prior to taking the General Exams.**

Please clearly write (1) your two required languages and (2) how you’ve met CSR language requirements for both \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any incompletes or otherwise ungraded courses on your transcript? If so, when and how will these be resolved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Signature Date*

*Advisor Approval Signature Date*

*Director of Graduate Studies Date*