

Date

TO: Graduate Division
FROM: Professor Marianne Mithun
Graduate Advisor, Linguistics Dept.
RE: Student Name

(Student Name) has completed all requirements for a P.h.D. degree to be awarded (Quarter, Year).

_____ P.h.D.-level course requirements taken
_____ Minimum of 2 years (6 qtrs) of Academic Residence
_____ Screening Review _____ (Date Completed)
_____ 2nd Research Language Examination
Language & Date Completed: _____
_____ Two substantial research papers
Paper #1 - Title: _____
Paper #2 - Title: _____
_____ Ph.D Forms III or IIIA

Please refer any questions to myself at x4058 or mithun@linguistics.ucsb.edu, or to the Graduate Program Assistant at x3776 or barteld@linguistics.ucsb.edu.