

Department of Sanskrit and Indian Studies
Ph.D. General Examination Certification Form

Student's Name _____

Examination Completed in _____ Semester, 20____

Area of Specialization _____

Primary Academic Advisor _____

Secondary Advisor _____

Secondary Advisor _____

Grade: _____

Remarks:

Primary Advisor Signature

Date

Secondary Advisor Signature

Date

Secondary Advisor Signature

Date