

Department of Sanskrit and Indian Studies

NOTICE OF INTENT TO TAKE SECOND YEAR REVIEW

Student: _____ Year Entered: _____

Option: _____ Area: _____

Advisor(s): _____

Anticipated Faculty Committee:

1) _____

2) _____

Proposed Paper To Be Submitted:

Title: _____

Course: _____

Instructor: _____

Optional 2nd Paper

Title: _____

Course: _____

Instructor: _____

Preferred Time Period Within Which To Have the Review:

Approved By:

Advisor

Date

2nd Advisor (if applicable)

Date