

IU HPS 3rd YEAR QUALIFYING PAPER APPROVAL FORM

*The completed form should be submitted to the Director of Graduate Studies.
Please attach a hard copy of your paper.*

Student Name: _____

Title of paper: _____

Number of words, excluding bibliography: _____

Area (circle one): Hist. of Sci. / Phil. of Sci. / Hist. & Phil. of Sci.

Date of oral presentation to the department: _____

Name of commentator at oral presentation: _____

Date form submitted: _____

Committee member approval

In most circumstances the primary reader will be your advisor, and you will select two other readers in consultation with your advisor. You should have at least one history reader and one philosophy reader.

Name

Signature

Date

Primary advisor

Member

Member

Below this line for DGS use only.

Initials: _____

Date of approval by full faculty at department meeting: _____