

**Department of Anthropology | Stanford University****ANTHRO Third year Cohort, Ph.D. Student Report of Qualifying Examination and Associated Oral Component Meeting Status**

Please submit this form by the last day of the third week in the Autumn quarter to confirm committee readers. And, submit a revised form by the last day of the third week in Winter quarter to reconfirm committee formulation and proposed examination dates for Area and Topic as well as the preliminary drafts of the bibliographies and proposed question sets for Area and Topic.

Please keep in mind that the second of two qualifying examinations should be completed no later than the last day of finals week in the Winter quarter of the third year. Exceptions to completion of the qualifying examination(s) into the Spring quarter can be considered by petition. The time-period between the beginning of the first Qualifying examination and the second Qualifying examination should be approximately one week long.

**STUDENT INFORMATION**


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 Student Name (First, Last)

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 Student EmplidID#

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 Student SUnet Email

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 Student Telephone

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 Faculty Advisor

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 Expected Graduation Quarter/Year
Qualifying Examinations for AREA and TOPIC
 AREA Title: \_\_\_\_\_

-Area Qualifying Exam Committee Member-Chair/Advisor: \_\_\_\_\_  
 (Confirmed on or by the first day of finals week in the Winter quarter of the second year)

-Area Qualifying Exam Committee Member-Reader: \_\_\_\_\_  
 (Confirmed on or by the last day of the third week of the Autumn Quarter of the third year)

-Area Qualifying Exam Committee Courtesy Reader (optional): \_\_\_\_\_  
 (Confirmed on or by the last day of the third week of the Autumn Quarter of the third year)

-Area Qualifying Exam Start Date: \_\_\_\_\_ Qualifying Exam Start Time: \_\_\_\_\_  
 (The second of the two Qualifying Examinations to be scheduled to begin no later than the first day of finals week in the Winter quarter of the third year)

 TOPIC Title: \_\_\_\_\_

-Topic Qualifying Exam Committee Member-Advisor: \_\_\_\_\_  
 (Confirmed on or by the first day of finals week in the Winter quarter of the second year)

-Topic Qualifying Exam Committee Member-Reader: \_\_\_\_\_  
 (Confirmed on or by the last day of the third week of the Autumn Quarter of the third year)

-Topic Qualifying Exam Committee Courtesy Reader (optional): \_\_\_\_\_  
 (Confirmed on or by the last day of the third week of the Autumn Quarter of the third year)

-Topic Qualifying Exam Start Date: \_\_\_\_\_ Qualifying Exam Start Time: \_\_\_\_\_  
 (The second of the two Qualifying Examinations to be scheduled to begin no later than the first day of finals week in the Winter quarter of the third year)

Please attach the following via .pdf file:

- Confirmation of the Qualifying Exam bibliographies for Area and Topic (preliminary qualifying bibliography draft) by the last day of the third week in the Winter quarter.
- Confirmation of Qualifying Examination draft question set, minimum 6 questions each for Area and Topic.
- Confirmation of the Final Draft of the Dissertation Proposal, inclusive of the bibliography
- Confirmation of email sent to all participating committee members after completing the second of two qualifying examinations with attachment files .pdf for the exam questions, answers, and bibliographies, as well as the dissertation proposal and bibliography.

**Faculty Advisor Approval :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name Signature Date

Oral Component Meeting of the Qualifying Examinations

Day (Circle one): Monday Tuesday Wednesday Thursday Friday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date

Time (from \_\_ to \_\_; please use a three hour time range) : from \_\_\_:\_\_\_ am pm to \_\_\_:\_\_\_ am pm

Location: 200, 319

Committee Members Participating:

AREA CHAIR: \_\_\_\_\_  
 (Name) (Participate: actual or televideo)

AREA MEMBER: \_\_\_\_\_  
 (Name) (Participate: actual or televideo)

TOPIC CHAIR: \_\_\_\_\_  
 (Name) (Participate: actual or televideo)

TOPIC MEMBER: \_\_\_\_\_  
 (Name) (Participate: actual or televideo)

OTHER MEMBER: \_\_\_\_\_  
 (Name) (Participate: actual or televideo)

For audiovisual support, please contact Ms. Emily Bishop, Computer Analyst 3-3686 ebishop1@stanford.edu

Submit completed form and all supporting statements/documentation to the Student Services Officer (50-51G) via scanned email file attachment (.pdf).

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**Director of Graduate Studies:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name Signature Date