Harvard University
Department of Sociology
Committee on Higher Degrees

Action:

Date:

Report of Research Paper Reading Committee

Student: Fill out the top portion of this form and give to your Committee to complete. The signed original form, along with an electronic copy of the final draft of your paper, should be returned to the Graduate Program Coordinator so that it can be recorded in your file.

Date: _____ **GSAS Year:** _____

Name of student: _____

Title of research paper: _____

Evaluation:

___ **Ph.D. Pass**

___ **M.A. Pass**

___ **Unacceptable**

(Print or Type Name of Advisor/Chair - required) (Signature)

(Print or Type Name of Reader - required) (Signature)

(Print or Type Name of Reader - required) (Signature)

(Print or Type Name of Reader - 4th Reader is optional) (Signature)

(Print or Type Name of Reader - 5th Reader is optional) (Signature)