Linguistics
UNIVERSITY OF TORONTO

GENERALS PAPER COMPLETION FORM

STUDENT NAME:_____

STUDENT NUMBER:_____

TITLE OF PAPER:_____

AREA (CHECK ONE)

❑ Theoretical Linguistics (also check one of the following):
- ❑ Syntax ❑ Semantics
- ❑ Phonology ❑ Phonetics

❑ Language variation (sociolinguistics, dialectology, historical linguistics)

❑ Psycholinguistics (psycholinguistics, language acquisition, computational linguistics)

COMMITTEE MEMBERS:

Supervisor:_____

Second:_____

Reader:_____

DATE of DEFENSE:_____

MARK AWARDED:_____

REVISIONS REQUIRED: ❑ Yes ❑ No

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I certify that the final paper submitted to the Graduate Coordinator includes the revisions required by the committee.

_____ _____
(signed) Supervisor Date

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Mark entered on eMarks: _____ _____
Initials Date

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