



Comprehensive Examination Request Form (M.A.-History)

Student: ID#

Date:

Field of Focus:

Date(s) and Time(s) of Examination:

Room Location of Examination:

Room Confirmed with Department Administrative Assistant:  Yes  No

Examination Advisor:

Second Committee Member:

Third Committee Member:

Approved:

\_\_\_\_\_  
Examination Advisor

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Department Chair

cc:  
Thesis Advisor  
Second Reader  
Third Reader  
Student