



DEPARTMENT of HISTORY
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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

Coordinator of Graduate Studies—History M.A.

Department Chair

cc:
Thesis Advisor
Second Reader
Third Reader
Student