

Comprehensive Examination Committee Form

Department of History

Student Name: _____ ID: _____

Address: _____

Phone: (_____) _____

Major Field in History: _____

Minor/Cognate: _____

Comprehensive Examination Committee:

Name: _____

Signature: _____

(Advisor/Chair, History)

Name: _____

Signature: _____

(Faculty Member History)

Name: _____

Signature: _____

(Faculty Member, Minor or Cognate Field)