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)