

QUALIFYING EXAM REGISTRATION FORM

This form is due to the Graduate Coordinator no later than the Spring of Year Three.

Student Name: _____

Historical Field: _____

Conceptual Field: _____

Committee Members: 1. _____ (Chair)
(Three from English)

2. _____

3. _____

Outside Committee Member: 1. _____

(Department)

Proposed Dates of Written Exam: _____
(Two consecutive dates)

Proposed Date of Oral Exam: _____
(Within 1 week of written exam)

Time of Oral Exam: _____

Reading List Approved by 3 Committee Members:

Signatures or Attach Email Consent

1. _____

2. _____

3. _____

All courses have been completed? Yes _____ No _____

Foreign Language Exam passed? Yes _____ No _____

Please attach approved final copy of Reading Lists to this form.