COMPREHENSIVE EXAMS STATEMENT OF INTENTION

This form is to be submitted in the term PRIOR to that in which the student will hold their exams.

Student: _____________________________________________ SID: _______________________

Anticipated Term of the Comprehensive Examination: Fall □ Spring □ Year ____________

MAJOR FIELD

Field Name: ____________________________________________________________________________

Examiner: _____________________________________________________________________________

Written Material: □ Historiographical Essay OR □ syllabus for an undergraduate lecture course (please indicate which)

Proposed Title for Essay or Course Title for Syllabus: _______________________________________

Examiner’s Signature: ___________________________________________________________________

FIRST MINOR FIELD

Field Name: ____________________________________________________________________________

Examiner: _____________________________________________________________________________

Proposed Course Title for Syllabus: ________________________________________________________

Examiner’s Signature: ___________________________________________________________________

SECOND MINOR FIELD

MUST CONTAIN 50% CONTENT OF A GEOGRAPHICAL REGION OUTSIDE THE STUDENT’S AREA OF SPECIALTY

Field Name: ____________________________________________________________________________

Examiner: _____________________________________________________________________________

Proposed Course Title for Syllabus: ________________________________________________________

Examiner’s Signature: ___________________________________________________________________

OPTIONAL THIRD MINOR FIELD

Field Name: ____________________________________________________________________________

Examiner: _____________________________________________________________________________

Proposed Course Title for Syllabus: ________________________________________________________

Examiner’s Signature: ___________________________________________________________________