

COMPREHENSIVE EXAMS STATEMENT OF INTENTION

This form is to be submitted by the end of the second semester.

STUDENT NAME: _____ 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: _____