

**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)