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.*