FIELDS EXAM SCHEDULING FORM

Student name: ____________________________________________

Historical Field: _________________________________________

Conceptual Field: ________________________________________

English Department Committee Members: 
1. Chair: ______________________________ 
   (print name)
2. ______________________________ 
   (print name)
3. ______________________________ 
   (print name)

Outside Examiner: 
______________________________________________________
   (print name)
   (Department)

Proposed Dates of Written Exam: 
(two consecutive dates)
______________________________________________________

Proposed Date of Oral Exam: 
(within 1 week of writtens)
______________________________________________________

Time of Oral Exam: 
______________________________________________________

Reading List Approved by 3 Committee Members:

1. ______________________________ 
   (signature)
2. ______________________________ 
   (signature)
3. ______________________________ 
   (signature)

All courses have been completed? Yes ___ No ___

Foreign Language Exam passed? Yes ___ No ___

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