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|  | Petition to Take the Ph.D. Major Exam |
| Student Information | |
| To be completed by student and submitted to the Graduate Program Advisor, [gd-arthi@arthistory.ucsb.edu](mailto:gd-arthi@arthistory.ucsb.edu), for approval in advance of the planned exam date. | |

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| Student Name: |  |  |  |  | | |  |  | |
|  |  | *Last Name* |  | *First Name* | | |  | *M.I.* |
| I would like to take the major field examination in the field of: | | | | |  |  | | | |

This is the  first  second (check one) time I have taken an examination in this field.

Exam Time (six hours for the exam\* plus a lunch hour):  8:30-3:30  9:00-4:00  
 *\*Variance from the six-hour time limit must be approved in writing by the Graduate Advisor in advance.*

Exam Date (please list at least three options; on-campus exams are based on staff and room availability):

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I would like to take this exam:  On-Campus  Remotely

*On-Campus exams will be confirmed after completion of approved major exam petition based on staff and room availability – we will do our best to meet your preferences. Remote exams can be petitioned to the Graduate Committee, for a variety of reasons, but only with advisor support and student reasoning provided below.*

If you wish to take your exam remotely, or request other accommodations, please provide a brief statement here:

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| Committee & Department Information |

The following faculty will participate AND HAVE AGREED TO SERVE ON THE DISSERTATION COMMITTEE (SIGNATURE OF PARTICIPATING FACULTY REQUIRED):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Professor: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | will be the examiner. |  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| *[If applicable] I approve the request to take this exam remotely/have accommodations*  Yes  No  N/A | | | | | | | | | | | | | | |
| Professor: |  | | |  | will be the second reader. |  | Signature: |  | | | | | | |
| Professor: |  | | |  | will be the third reader. |  | Signature: |  | | | | | | |
| Professor: |  | | |  | *[Optional fourth reader]* |  | Signature: |  | | | | | | |
| Student Signature: | |  | | | | | | | |  | |  | Date: |  |
| Graduate Program Advisor Approval: | | |  | | | | | |  | |  | Date: | |  |