|  |  |
| --- | --- |
|  | 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, for approval in advance of the planned exam date.  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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):

|  |
| --- |
|  |

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:

|  |
| --- |
| 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:  |  |