

## Petition to Take the Ph.D. Major Written Exam

## Student Information

To be completed by student and subm for approval in advance of the planned		n Advisor, <u>arthistory</u>	-grad-advisor@ucsb.edu,
Student Name:			
I would like to take the Written Major	Exam in the field of:		
This is the $\square$ first $\square$ second (check on	e) time I have taken the Majo	r Exam.	
Exam Time (six hours for the exam $^*$ plus a lunch hour): $\square$ 8:30-3:30 $\square$ 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 op	otions; on-campus exams are	based on staff and r	oom availability):
I would like to take this exam: ☐ On-Ca	ampus □ Remotely		
On-Campus exams will be confirmed as		najor exam petition	based on staff and room
availability – we will do our best to me	et your preferences. Remote e	exams can be petitic	oned to the Graduate
Committee, for a variety of reasons, bu	ıt only with advisor support a	nd student reasonin	g provided below.
If you wish to take your exam remotely	, or request other accommod	lations, please prov	ide a brief statement here:
Please list <b>your two languages require</b>	<b>ments</b> , as well as the year an	d/or quarter they w	ere satisfied;
Language 1:	Qrt/Yr:		
Language 2:	Qrt/Yr:		
Con The following faculty will participate A OF PARTICIPATING FACULTY REQUIRED			ON COMMITTEE (SIGNATURE
Professor:	will be the examiner.	Signature:	
[If applicable] I approve the request to	take this exam remotely/hav	e 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:
Faculty Graduate Advisor Approval:			Date: