

ART & ARCHITECTURE Petition to Take the Ph.D. Oral Overlighting Every **Qualifying Exam**

Student Information

To be completed by student and submitted to the Graduate Program Advisor, arthistory-grad-advisor@ucsb.edu, for approval at least two weeks in advance of the planned exam date.

| Student Name: | | | |
|---|----------------------------|---------------------------|---------------------|
| Date & Time of Exam: | | | |
| This is the \square first \square second (check one) | time I have taken an exami | nation in this field. | |
| I will be taking 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. | | | |
| You must have satisfied both Minor and quarter and year you completed each ex | - | oting to take the Oral Ex | am. Please list the |
| Minor Exam: | | | |
| Major Written Exam: | | | |
| Comi | mittee & Department I | nformation | |
| 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 \square Yes \square No \square 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: |