|  |  |
| --- | --- |
|  | Petition to Take the Ph.D. Minor 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 minor field examination in the field of: |  |  |
| Exam Date:  |  |  | This is the [ ]  first [ ]  second (check one) time I have taken an examination in this field. |
| Exam Time: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_. Variance from the three hour time limit must be approved in writing by the Graduate Advisor in advance. |
| The following faculty will participate (SIGNATURE OF PARTICIPATING FACULTY REQUIRED): |
|  |
| Professor:  |  |  | will be the examiner.  |  | Signature: |  |
| Professor: |  |  | will be the second reader. |  | Signature: |  |
|  |
| **NOTE**: If participating faculty are not in residence for signature, they may email approval to the Graduate Program Advisor and Faculty Graduate Advisor. |
|  |
| Student Signature:  |  |  |  | Date:  |  |
| Graduate Program Advisor Approval:  |  |  |  | Date:  |  |
|  |
| *Report on Exam* |
| We have examined this student's knowledge of the field cited, and we grade his/her answers Pass / No Pass: |
| First Reader:  |  |  | [ ]  Pass [ ]  No Pass (check one) |  | Date: |  |  |
| Second Reader:  |  |  | [ ]  Pass [ ]  No Pass (check one) |  | Date: |  |  |