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|  | | | | | | | | | | | 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](mailto: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: |  |
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| *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: |  |  | | | | |