4 X H H Q ¶ V 8 Q L Y H U V L W \ Department of History Qualifying Exam ±Time Extension Request

Student Name	Year of Study	
Student #	Expected Date of Completion of Qualifying Exam	
Supervisor/ co-supervisors		
Examiner of Major Field	Examiner of Minor Field	

Major Field Title	
Minor Field Title	
Thesis Proposal Title	

Major FieldCompleted	If not completed, expected date of	
	completion	
Minor Field Completed	If not completed, expected date of	
	completion	

|--|

Student Signature	Date		
Supervisor Signature	Date		
Department use only			
Committee Approval:	Approved: Yes	No	