

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	e) time I have taken an exami	nation in this field.	
I will be taking this exam: ☐ On-Campu	ıs 🗆 Remotely		
On-Campus exams will be confirmed after availability — we will do our best to mee Committee, for a variety of reasons, but	et your preferences. Remote e	exams can be petiti	oned to the Graduate
You must have satisfied both Minor and quarter and year you completed each e	-	oting to request the	Colloquium. Please list the
Minor Exam:			
Major Written Exam:			
Com	mittee & Department I	nformation	
The following faculty will participate AN OF PARTICIPATING FACULTY REQUIRED)	ID HAVE AGREED TO SERVE (ON COMMITTEE (SIGNATURE
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: