**Loyola University Chicago – Department of History**

**MA Comprehensive Field Examination Form**

All fields on this form must be typed except for the signatures and date signed, which must be in ink. Incomplete forms will not be accepted. Copies of copies and pictures of the form will not be accepted.

MM/DD/YYYYU

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to receive written take-home exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mid-morning unless otherwise requested here

First Exam  Retake Exam  Time to receive written take-home exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Major Field | Faculty Examiner | Committee Chair |
| 19th Century America |  |  |
| 20th Century America |  |  |

Thematic Area

African American and Race Immigration and Ethnicity Sexuality

American West and Borderlands Indigenous America Urban

Cultural Labor Women and Gender

Environmental Legal  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Sign Off

Once you have identified the faculty member you wish to serve as the chair of your committee and the faculty member has agreed, you need to meet with the other prospective committee member. Once your committee is in place, each member must sign off on this form. Once the Graduate Program Director (GPD) has signed this form they will send out a committee approval announcement to all parties. The committee is not official until the GPD sends out the approval announcement. It is highly recommended that the committee meet with the student at least once to review student progress toward the examination.

A final (revised) examination reading list MUST be approved by all members of the committee at least one month before the exam date. The student is responsible for e-mailing the final exam reading list to ALL members of the examination committee at least one month before the exam date.

Signatures

Typed name

/ /

Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Ink signature

Typed name

/ /

Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Ink signature

/ /

Typed name

GPD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Ink signature

/ /

GPD File Check Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/ /

Student Notification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_