

MA GUIDANCE COMMITTEE FORM

Department of History

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ENTRY: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

MINOR FIELDS: \_\_\_\_\_

COMPLETETION OPTION: Research Portfolio Defense \_\_\_\_\_ (or) MA Examination: \_\_\_\_\_

MA GUIDANCE COMMITTEE:

NAME (PRINT OR TYPE)

SIGNATURE

\_\_\_\_\_  
*Chair*  
\_\_\_\_\_  
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SIGNATURES REQUIRED FROM ALL COMMITTEE MEMBERS.

APPROVED \_\_\_\_\_  
Director of Graduate Studies