

BINGHAMTON UNIVERSITY
Department of History
Application for MA Examination

(Please type or print)

Name _____

Local Mailing address _____

Email _____ Date of Entry into Program _____

Major Field _____

Name of Principal Adviser (Chairperson of your Guidance Committee):

Print _____ Signature _____

Other members of your committee (*No signatures required*):

When you have completed the application, had an advisory meeting with your principal adviser, and secured his or her approval, please return this form to Graduate Secretary in LT 707.

Are you intending to apply to the Doctoral Program? YES NO

Proposed date and time of examination: _____

You will be contacted by the Graduate Secretary to confirm the date, time, and place of your exam. This is a closed-note, blue book exam.

PLEASE ARRIVE ON TIME. THE DURATION OF THE EXAMINATION WILL BE THREE (3) HOURS.