

University at Buffalo
Department of History
PhD Qualifying Examination Fields

Student's name _____

Examination Fields:

Major: _____

Field of Specialization: _____

Minor Field: _____

Approved:

Major advisor: _____ Signature _____ Date: _____

Director of Graduate Studies _____

Signature _____ Date: _____

PhD Qualifying Exam Results

Passed _____ Passed with Distinction _____ Failed _____ Failed Specified Field _____

Date: _____

Examination Committee:

Committee Member, Major Field _____ Signature _____

Committee Member, Field of Specialization _____ Signature _____

Committee Member, Minor Field _____ Signature _____