

DEPARTMENT OF HISTORY / KANSAS STATE UNIVERSITY
REQUEST TO SCHEDULE DOCTORAL PRELIMINARY EXAMINATIONS

Date: _____ Semester: _____

Doctoral Examinee: _____

E-mail address/Preferred telephone: _____

GENERAL FIELD TO BE TAKEN:

American European Modern European Asian

SPECIAL FIELDS TO BE TAKEN:

Special Exam #1: _____ Examiner:

E-mail _____ or In-building _____ Examiner's E-mail Address:

Open book? _____ Yes or _____ No

Length of exam (time, number of pages, or both): _____

Any other restrictions:

Special Exam #1: _____ Examiner:

E-mail _____ or In-building _____ Examiner's E-mail Address:

Open book? _____ Yes or _____ No

Length of exam (time, number of pages, or both): _____

Any other restrictions:

Special Exam #1: _____ Examiner:

E-mail _____ or In-building _____ Examiner's E-mail Address:

Open book? _____ Yes or _____ No

Length of exam (time, number of pages, or both): _____

Any other restrictions:

RETURN THE COMPLETED FORM TO THE HISTORY DIRECTOR OF GRADUATE STUDIES

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