

## Department of History Qualifying Exam Time Extension Request

Student Name		Year of Study	
Student #		Expected Date of Completion of Qualifying Exam	
Supervisor/ co-supervisors			
Examiner of Major Field		Examiner of Minor Field	

Major Field Title	
Minor Field Title	
Thesis Proposal Title	

Major Field Completed		If not completed, expected date of completion	
Minor Field Completed		If not completed, expected date of completion	

Please explain reason for time extension request:	
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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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Department use only:

Committee Approval:                      Approved: Yes