**Master of Arts in History Comprehensive Examination Committee Agreement Form**

Department of History, California State University, Long Beach

Please complete and return this form with your program planner to the Graduate Advisor

Name: Click here to enter text. Student ID: Click here to enter text.

Address: Click here to enter text. Click here to enter text. Click here to enter text.

Phone: Click here to enter text. E-mail: Click here to enter text.

Student’s Signature: Date: Click here to enter a date.

The student named above has met and discussed with the Faculty members, whose signatures appear below, all responsibilities for the Comprehensive Examinations.

By signing below, faculty members agree to serve on the student's exam committee and take on all responsibilities associated with being an examiner.

Field 1: Choose an item.

Committee Chair Name: Click here to enter text. Department: Click here to enter text.

 Date:

Signature of Committee Chair, Field 1

Committee Member Name: Click here to enter text. Department: Click here to enter text.

 Date:

Signature of Committee Member, Field 1

Field 2: Choose an item.

Committee Chair Name: Click here to enter text. Department: Click here to enter text.

 Date:

Signature of Committee Chair, Field 2

Committee Member Name: Click here to enter text. Department: Click here to enter text.

 Date:

Signature of Committee Member, Field 2

Graduate Advisor: Date: