

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
DEPARTMENT OF HISTORY
MASTER OF ARTS

Petition for Approval of M.A. Examination Committee

File this petition with the History Department after completing nine units in the graduate program and before advancing to candidacy.

Name: _____ Sac State ID#: _____

Address: _____
Street City State Zip

Phone No. _____

Date Entered Program _____ Expected Graduation Date _____
(Semester & Year) (Semester & Year)

Proposed title and brief description of **Primary Examination Field:**

Primary Field Advisor: _____
Print Name Signature Date

Proposed title and brief description of **Secondary Examination Field:**

Secondary Field Advisor: _____
Print Name Signature Date

Approved: _____
Graduate Coordinator Signature Date