PROPOSAL TO RECORD HISTORY 3010 AS (check one):

[ ] GRADED RESEARCH SEMINAR
[ ] LETTER-GRADED COURSE

Student Name (printed): __________________________________________________

Term and Year Course Taken: ________________________________

By signing below, I certify that the above-named student has agreed to do sufficient written work in History 3010 during the term and year indicated to qualify it as a graded course.

_______________________________________
Faculty Member’s Name (printed)

_______________________________________  __________________________
Faculty Member’s Signature     Date

STUDENTS MUST SUBMIT THIS FORM ALONG WITH THE PLAN OF STUDY. PLEASE ONLY COMPLETE THE ABOVE PORTION OF THIS FORM. THANK YOU.

----------------------------------------------------------------------------------------------------------------------------

(FOR OFFICE USE ONLY)

PROFESSOR ________________, PLEASE SUBMIT A GRADE FOR THE STUDENT LISTED BELOW AND RETURN TO THE COORDINATOR OF GRADUATE STUDIES, ROBINSON 204. THANK YOU.

_______________________________________  __________________________
Student Name       Grade Received for History 3010

_______________________________________  __________________________
Faculty Member’s Signature     Date