RECORD OF HISTORY 3010
AS A
GRADED RESEARCH SEMINAR

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 letter-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.

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(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     Student Name       Grade Received for History 3010

_______________________________________  __________________________
Faculty Member’s Signature     Date     Faculty Member’s Signature     Date