PETITION TO COUNT NON-HISTORY COURSE TOWARD HISTORY RESEARCH SEMINAR REQUIREMENT

Student Name (printed): _________________________________________________________________

Course Number & Title: ___________________________ Faculty Instructor:____________________

Term and Year Course Taken:_______________________  Grade (if available):___________________

In the space below, please describe course content and its relevancy to your proposed plan of study.

__________________________________________________________________________________

Student’s Signature _______________________________ Date ________________________________

Instructor’s Signature ______________________________ Date ________________________________

Advisor’s Signature ______________________________ Date ________________________________

Form should be submitted to the Coordinator of Graduate Studies once above information is completed.

Department Approval ______________________________ Date ________________________________