

Joint Ph.D. in History and History of Science, Medicine, and Technology Approval Form

Email completed form to the Graduate Program Coordinator

Student's Name: _____

Home Degree Program: _____

Composition of the Joint Supervisory Committee: **Two members must be from the home degree program. Please have faculty sign their agreement to participate.**

- | | | |
|----|------------------|-----------------------|
| 1. | _____ | _____ |
| | Professor's Name | Professor's Signature |
| 2. | _____ | _____ |
| | Professor's Name | Professor's Signature |
| 3. | _____ | _____ |
| | Professor's Name | Professor's Signature |

Proposed Prelim Fields: Equal to the number of preliminary fields required of the candidate's home degree program – or field of study in History – plus one additional examined field. Preliminary fields must be reasonably balanced between the two degree programs.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
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Signature of Director of Graduate Studies

Date