

**DECLARATION OF COMMITTEE ON STUDIES
PH.D. IN HISTORY, U.N.M.**

STUDENT'S NAME: _____

UNM ID #: _____ DATE FIRST ENROLLED: _____

FIELDS OF CONCENTRATION:

I. Regional Concentration:

Concentration: _____

Specialization: _____

II. Thematic Concentration:

HISTORY 664: COMPLETED _____ YES _____ NO

HISTORY 665: COMPLETED _____ YES _____ NO

OUTSIDE FIELD: _____ COMPLETED _____ YES _____ NO

LANGUAGE REQUIREMENT:

LANGUAGE # 1 _____ EXAM OR COURSEWORK FULFILLED _____ YES _____ NO
(CIRCLE ONE)

LANGUAGE # 2 _____ EXAM OR COURSEWORK FULFILLED _____ YES _____ NO
(IF REQUIRED) (CIRCLE ONE)

COMMITTEE ON STUDIES:

The following faculty are asked to serve on the Committee on Studies of the student named above:

1) _____ (Chair) _____ Initial if approved

2) _____ (Member) _____ Initial if approved

3) _____ (Member) _____ Initial if approved

completed, initialed by all faculty members listed above, and submitted to the Graduate Director for signature within the first year of graduate study.

Graduate Director Signature