Arkansas Tech University Graduate College
Admission to Candidacy – MASTER OF ARTS IN HISTORY – NON-THESIS OPTION

Last Name: __________________________ First Name: __________________________ T#: ________
Address: __________________________ City, State Zip: __________________________
Daytime Phone: __________________________ Email: __________________________
Advisor: __________________________ Expected Graduation Term: ________________ GPA: ________
Proposed Comprehensive Exam Date (Semester/Year): ________________ Primary Area: ________________

I request permission to transfer the following (an official/sealed transcript is included):
Course: __________________________ College: __________________________
Course: __________________________ College: __________________________

I request permission to offer and/or substitute (provide course prefix, number and title):
__________________________________________ for _____________________________________________
__________________________________________ for _____________________________________________

Program of courses to be completed (30 hours)

Required Courses (6 hours) Grade Term Term To Be
HIST 6003 Historical Methods Completed Completed
HIST 6053 Historiography

Primary Area* Electives (12 hours, 3 hours each in Readings and Seminar courses) Grade Term Term To Be
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Electives in Other Areas of Concentration (6 hours) Grade Term Term To Be
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Electives in Any Areas of Concentration (6 hours, 3 hours must be in a Seminar course) Grade Term Term To Be
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*No more than nine (9) hours combined 5000 level courses, HIST 6891-4 Independent Study, and HIST 6881-3 Workshop may be counted toward the degree.

This student has completed twelve graduate hours, and is hereby recommended for admission to candidacy for the above Master’s Degree. Upon successful completion of all program requirements, the degree will be awarded.

Student: __________________________ Date: ________________
Program Director: __________________________ Date: ________________
Dean of Graduate College: __________________________ Date: ________________

Revised October 1, 2012