



UCSD Department of Sociology Field Exam Declaration Form

This form must be completed at least one-month prior to scheduled field exams and returned to the Graduate Coordinator.

Name: _____

Date: _____

Field Exam #1:

Exam Area _____

Lead Advisor _____

Second Advisor _____

Exam Schedule: *(can be confirmed or tentative)*

Written _____

Oral - Date, Time, Room _____

Field Exam #2:

Exam Area _____

Lead Advisor _____

Second Advisor _____

Exam Schedule: *(can be confirmed or tentative)*

Written _____

Oral - Date, Time, Room _____

Reviewed by Director of Graduate Studies: _____ Date: _____