

**Department of History
Western Michigan University**

REGISTRATION FOR THESIS/DISSERTATION DEFENSE

This form must be completed and filed with the History Director of Graduate Studies at least one month before the scheduled date of the examination.

Student's name: _____

Program: MA Thesis _____ PhD Dissertation _____

Date submitted to DGS: _____ Date of exam: _____

Credit hours completed: _____ Language requirement met: _____

Committee members (all must initial after their names):

Committee Chair: _____ Field _____

Committee Member: _____ Field _____

Committee Member: _____ Field _____

Committee Member: _____ Field _____

Committee Member: _____ Field _____

Approved:

Director of Graduate Studies