

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

DEPARTMENT OF ART HISTORY AND ARCHAEOLOGY
MIRIAM AND IRA D. WALLACH FINE ARTS CENTER

ORAL EXAMINATION COMMITTEE

Student's Name (print) _____

Projected Exam Date (subject to change) _____

Major Field _____

Optional) Node: _____

Examiner Name (print)	_____
Examiner Signature	_____
Digital projector required:	<input type="radio"/> NO <input type="radio"/> YES

Examiner Name (print)	_____
Examiner Signature	_____
Digital projector required:	<input type="radio"/> NO <input type="radio"/> YES

Minor Field _____

Examiner Name (print)	_____
Examiner Signature	_____
Digital projector required:	<input type="radio"/> NO <input type="radio"/> YES

Director of Graduate Studies approval	_____
Date approved	_____
Comments:	

** TO BE KEPT IN STUDENT FILE **

Refer to "Oral Examination Guidelines"

Revised May 2004