



UCSD Department of Sociology Field Examination

Name

Field Exam Area #1:

Lead advisor (Print name)

Committee member

Abbreviated Field Exam Procedure (please see guidelines for more detail)

- ***By the end of your second year in the program***, identify a lead advisor and a second committee member for TWO field exams. For each of your (2) exams agree on a bibliography with your committee members. Inform Grad Coordinator.
- ***A month prior to taking each exam, and in consultation with committee members***, determine the dates for your five-day written exam. At the same time, schedule a room (1 hour per exam) with the department's Student Affairs Assistant (1 hour per exam). The oral exam should take place no more than 1 week of completing the written portion.
- ***You will be evaluated on the basis of the both written and oral portions of the exam.***

Date of Examination/Time & Location

Field Exam Results and Signatures

Written and Oral Examination #1 Results (please check):

High Pass

Pass

Conditional Pass

No Pass

Lead Advisor: _____ Date: _____

Committee Member _____ Date: _____

Graduate Director: _____ Date: _____

Department Chair: _____ Date: _____



UCSD Department of Sociology Field Examination

Name

Field Exam Area #2:

Lead advisor (Print name)

Committee member

Abbreviated Field Exam Procedure (please see guidelines for more detail)

- ***By the end of your second year in the program***, identify a lead advisor and a second committee member for TWO field exams. For each of your (2) exams agree on a bibliography with your committee members. Inform Grad Coordinator.
- ***A month prior to taking each exam, and in consultation with committee members***, determine the dates for your five-day written exam. At the same time, schedule a room (1 hour per exam) with the department's Student Affairs Assistant (1 hour per exam). The oral exam should take place no more than 1 week of completing the written portion.
- ***You will be evaluated on the basis of the both written and oral portions of the exam.***

Date of Examination/Time & Location

Field Exam Results and Signatures

Written and Oral Examination #2 Results (please check):

High Pass

Pass

Conditional Pass

No Pass

Lead Advisor: _____ Date: _____

Committee Member _____ Date: _____

Graduate Director: _____ Date: _____

Department Chair: _____ Date: _____