

DEPARTMENTAL QUESTIONNAIRE

Master of Arts - History

Family Name		First Name	N	iddle Name, if an	у
	Date of Birt	h (mm/dd/yyyy)	ApplyTexas	ID Number	
Do you intend to	enroll full-time	e or part-time?	Full-time	Part-time	
If available, do yo	ou wish to be co	onsidered for depart	ment funding?	Yes	No
Probable Major A	Area of Study (l	J.S., Europe, or World	History):		
Specialization (i.e	e., Borderlands, A	Nedieval, Military):			
Have you contac	ted the Faculty	within your probabl	y area of study?	If so, whom and who	en?
Foreign Language	e Preparation:				
Experience which	h relates to gra	duate training (teach	ing, research, m	useum work, etc.):	_