

MAGIC Student Advisory Form

This form is designed to help you organize and plan your Master's program. Please fill in the relevant parts each semester with the Program Director (Bryan McCann), who will keep a copy on file with the Administrative Assistant (Kathleen Gallagher).

Personal Information

Name: _____ Current Tel. _____

Current Address:

Current GUMail address and any other e-mail address: _____

Semester of entry into MAGIC program: _____

Course Planning

Courses required during first two semesters

Course numbers and titles	Name of Professor	Semester taken
History 504 (Global and International)	_____	_____
History 505 (Comparative)	_____	_____

Two-semester research seminar in field of your choice

Course numbers and titles	Name of Professor	Semester taken
_____	_____	<u>FALL</u> _____
_____	_____	<u>SPRING</u> _____

Other Electives

Field I Description: _____

Field I course numbers and titles	Name of Professor	Semester taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Field II Description: _____

Field II course numbers and titles	Name of Professor	Semester taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language Exam (proof of proficiency required in one language other than English before start of 3rd semester)

Language: _____ Date of Exam: _____ Passed/Failed: _____

Language: _____ Date of Exam: _____ Passed/Failed: _____

Language: _____ Date of Exam: _____ Passed/Failed: _____