

Application for Comprehensive Exam

Sam Houston State University
Ed. Leadership and Counseling
Box 2119
Huntsville, TX 77341
Fax: (936) 294-3886

(Must be submitted to Departmental Secretary the semester prior to anticipated graduation.)

NOTE: You must either be enrolled in or have completed your 36th hour in the Masters Program before you are eligible to take the comprehensive exam.

Date: _____ SS# or Sam ID: _____

Name of Master's Student: _____

Mailing Address: _____

City: _____ Zip: _____

Telephones: School (_____) _____ Home (_____) _____

Cell (_____) _____

E-mail: _____

Anticipated Graduation Date (semester in which to take comp):

Spring _____ Summer _____ Fall _____

***Check Here if You are in an Online Degree Program* _____**

(Select the correct term and fill in the appropriate year)

TO BE COMPLETED BY THE DEPARTMENT OF EDUCATIONAL LEADERSHIP AND COUNSELING

Name of Comprehensive Committee Chair: _____

Committee Chair _____

Date: _____

For Office Use Only:

Received _____ Transcripts _____ Confirmations Letter Sent _____

Approved _____ Denied _____ Needed Courses: _____

Reason: _____