

# Department of History

## Application for Comprehensive Examination

**Deadlines: Fall-April 1; Spring-November 1; No exams may be taken in summer**

Student Name: \_\_\_\_\_ SAM ID: \_\_\_\_\_

Areas <i>(If applicable)</i>	Date Scheduled: Written/Oral
1) _____	_____ / _____
2) _____	_____ / _____
3) _____	_____ / _____

Examination Site – Written Exam (Select One)

SHSU History Department

ProctorU.com

Examination Site – Oral Exam (Select One)

SHSU History Department

Skype

Examination Committee

*(Signature below indicates faculty members' agreement to serve)*

Printed Name

Signature

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Graduate Advisor

\_\_\_\_\_  
Date