Comprehensive Examination Application

NOTE: You must be ENROLLED in your final semester of course work to be eligible to take the exam and enrolled the semester of GRADUATION. Student’s Initial: _____________

Date: ___________________________ Sam ID#: ___________________________
Name: _______________________________________________________________
Mailing Address: __________________________________________________________________
SHSU Email: _____________________________
Cell Number: ___________________________ Home Number: ___________________________
Semester & Year of Graduation:
☐ Fall ___________ ☐ Spring ___________ ☐ Summer ___________

Were you an Online Student in most of the Program? ☐ Yes
Were you a Face-to-Face/Traditional Student in most of the program? ☐ Yes

Please, complete and return by fax, email, or mail to:
Haley Christel, Internship/Testing Assistant
Educational Leadership
Sam Houston State University
Box 2119
Huntsville, TX 77341
Email: hmc028@shsu.edu
Office: 936 294-1147
Fax: 936 294-3886

Office Use Only:
Approved: ☐ Yes ☐ No Date:
Notes: