

8. Other experiences. Give dates and nature of work:

9. M.A. Program:

Title of thesis and name of faculty member who directed it:

Fellowship: Yes ___ No ___ (If yes, state title and duties):

10. Date on which you wish to enter the History Doctoral Program:

January _____ (Spring) August _____ (Fall) Year _____

Applications and supporting credentials must be received by the Department before **November 1** for January admission and **January 15** for August admission.

11. Do you wish to apply for a Teaching Fellowship? Yes ___ No ___. If yes, please fill out the attached application and return it to the History Dept. Request for financial support must be received no later than **February 1**, with the application submitted by the scheduled deadline.

12. Note the area and field of history you wish to study. (Refer to list of areas and fields on next page.)

Area _____ Field _____

13. Are you able to demonstrate a reading knowledge of one modern foreign language?

Yes ___ No ___ Language _____

14. Do you understand that you are expected to be enrolled in consecutive semesters, i.e. fall and spring semesters? _____.

15. If you plan to engage in any outside employment while pursuing the Doctoral Program, please explain.

16. Have you previously been admitted to the University of Houston Graduate Division?

Yes ___ No ___ If yes, in what program _____

17. Have you taken the Graduate Record Examination? Yes ___ No ___

If so, have scores been sent to the University of Houston?

Yes ___ No ___ Date _____ Score: Verbal _____ Analytical _____

(The INST Code for the University of Houston is 6870)

18. Names and titles of the three persons from whom you have requested a reference.

1. _____

2. _____

3. _____

19. Attach a brief (not over one page) statement of purpose describing your professional goals in your declared area and fields and your reasons for wishing to undertake doctoral studies in History. Explain why you consider your academic background adequate for this program. (A Statement of Goals form is included below.)

20. Include with this application a sample of your written work, i.e., your master's thesis or a significant seminar paper (the department prefers *clean copies*).

LISTED BELOW ARE THE AREAS OF CONCENTRATION:

EUROPE

Hellenistic period (330-30 B.C.)

Early Middle Ages

High Middle Ages

Late Middle Ages

English Legal and Constitutional

Early Modern England

Early Modern European Intellectual

Ancient Regime and Revolutionary France

Modern Britain and Empire

19th Century Europe

Modern Germany

Modern and Contemporary France

Modern European Social and Women's History

Modern European Intellectual

LATIN AMERICA

Latin America to 1825

Latin America since 1825

UNITED STATES

Development of the United States to 1815

United States, 1815-1900

United States since 1900

STATEMENT OF PURPOSE: (one page only, please)

Applicant's Name _____

RECOMMENDATION FORM for admission to the Ph.D. program in History

**GRADUATE ADMISSIONS COMMITTEE
DEPARTMENT OF HISTORY
UNIVERSITY OF HOUSTON
HOUSTON, TX 77204-3003**

Applicant completes the top section of this form.

Name of student (please print): _____

To the Applicant: Under the Family Rights Act of 1974, students are entitled to review their records, including letters of recommendation, or you may waive your right to do so. Waiver is not condition for admission. If you waive your right to review your recommendation forms, these evaluations will be considered confidential by the University of Houston and will not be available for your inspection. Please mark the appropriate statement below, indicating you choice of option, and sign your name.

_____ I WAIVE MY RIGHTS TO REVIEW THIS RECOMMENDATION.

_____ I DO NOT WAIVE MY RIGHTS TO REVIEW THIS RECOMMENDATION.

Signature (required) _____

Date _____

Evaluator completes this section of the form.

To the Evaluator: You have been asked to complete an evaluation of the above-named individual who is applying for admission to the Ph.D. program in History at the University of Houston. Your candid opinion will be of great service to us in evaluating the application.

Evaluator's name (please print): _____

Title: _____

Address: _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO THE DEPARTMENTAL ADDRESS ABOVE

1. How well do you know the applicant?

_____ Very well

_____ Better than I know the average student (contact in seminars, etc.)

_____ As well as I know most students (usual contacts in class, etc.)

_____ Not very well (contact in large classes only)

2. What would you list as the applicant's strongest characteristics?

RECOMMENDATION FORM for admission to the Ph.D. program in History

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HOUSTON, TX 77204-3003**

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