UT San Antonio®
The Graduate School

COMPLETION OF QUALIFYING EXAM

STUDENT INFORMATION

_____ _____ _____
Name Program Name *Banner ID*

Passed Qualifying Exam: Written: _____ Oral: _____ Cumulative GPA: _____
Date *Date*

SIGNATURES OF QUALIFYING EXAM COMMITTEE MEMBERS

_____ _____ _____
Exam Committee Chair, Signature *Print Name* *Date*

_____ _____ _____
Exam Committee, Signature *Print Name* *Date*

_____ _____ _____
Exam Committee, Signature *Print Name* *Date*

_____ _____ _____
Exam Committee, Signature *Print Name* *Date*

_____ _____ _____
Exam Committee, Signature *Print Name* *Date*

DEPARTMENT

_____ _____ _____
Select *Print Name* *Date*

_____ _____ _____
Department Chair, Signature *Print Name* *Date*

COLLEGE

_____ _____ _____
Associate Dean of the College, Signature *Print Name* *Date*

THE GRADUATE SCHOOL

_____ _____
Vice Provost and Dean of The Graduate School, Signature *Date*

Form Updated 9.11.2023