UTSA The Graduate School
The University of Texas at San Antonio

COMPLETION OF QUALIFYING EXAM

STUDENT INFORMATION

Name _____ Program Name _____ Banner ID _____

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

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 _____