



APPLICATION FOR CANDIDACY FOR THE DOCTORAL DEGREE

STUDENT INFORMATION

Name myUTSA ID

Anticipated Graduation Date Degree Sought Program of Study

Title of Dissertation (Subject to Change)

Signature Date

- Level of English proficiency is satisfactory Program of Study is satisfactory
 Scholarship to date is satisfactory Qualifying exam administered

Supervising Professor for Dissertation, Signature Print Name Date

Dissertation Committee Member, Signature Print Name Date

Dissertation Committee Member, Signature Print Name Date

Dissertation Committee Member, Signature Print Name Date

Dissertation Committee Member, Signature Print Name Date

Outside Examiner, Signature Print Name Date

Supervising Professor, Signature Print Name Date

DOCTORAL PROGRAM COMMITTEE RECOMMENDATIONS

Based upon this student's performance to date and the attached Program of Study:

- We recommend that the student be advanced to candidacy We do not recommend advancement to candidacy at this time

Chair, Doctoral Program Committee, Signature Print Name Date

Department Chair, Signature Print Name Date

Associate Dean of the College, Signature Print Name Date

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Deny Candidacy.

Vice Provost and Dean of The Graduate School, Signature Date