UTSA
THE GRADUATE SCHOOL
The University of Texas at San Antonio
One UTSA Circle | San Antonio, Texas 78249

COMPLETION OF THE QUALIFYING EXAM

Completion of the Qualifying Exam for the Doctor of _____

STUDENT INFORMATION

_____ _____ _____
Name *Degree Program* *myUTSA ID*

UTSA ACADEMIC RECORD:

Semester of entry into program (semester/year): _____

Total number of semester hours completed: _____ Cumulative GPA: _____

All required courses completed: ☐ Yes ☐ No

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

SIGNATURES OF QUALIFYING EXAM COMMITTEE

_____ _____ _____
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*

SUPERVISING PROFESSOR

_____ _____ _____
Supervising Professor, Signature *Print Name* *Date*

DEPARTMENT

_____ _____ _____
Department Ph.D. Advisor, Signature *Print Name* *Date*

_____ _____ _____
Chair, Doctoral Program Committee, Signature *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 *Date*