



## COMPLETION OF 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 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

### 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, Signature

\_\_\_\_\_  
Date