

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*

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: _____ Date: _____
Oral: _____ Date: _____

SIGNATURES OF QUALIFYING EXAM COMMITTEE:

Exam Committee Chair, *Date*

Exam Committee, *Date*

Exam Committee, *Date*

Exam Committee, *Date*

SUPERVISING PROFESSOR

Date

GRADUATE ADVISOR OF RECORD AND CHAIR DOCTORAL PROGRAM COMMITTEE

Date

DEAN OF COLLEGE

Date

THE GRADUATE SCHOOL

Vice Provost and Dean of The Graduate School, Dr. Debrenna Agbenyiga *Date*