GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

PETITION FOR ADMISSION TO CANDIDACY
for the DOCTOR OF PHILOSOPHY DEGREE

Name of student _____ Graduate program _____ IMGP Track (if applicable) _____

GSBS Academic Record

Entered program (Initial term): _____ 20

Total no. semester hours completed: _____ Cumulative GPA: _____

All required courses completed: ☐ Yes ☐ No

Qualifying Examinations

☐ Examinations passed:

Written _____ Date Oral _____ Date

Signatures of Qualifying Examinations Committee:

_____ _____
Chair
_____ _____
_____ _____

Research Experience

Potential for productive and independent investigation substantiated by:

Signature(s) of student's research advisor(s):

_____ _____
_____ _____

Admission to candidacy recommended by appropriate Track Leader (if applicable):

_____ _____
Track Leader Date

Admission to candidacy recommended by Committee on Graduate Studies:

_____ _____
COGS Chair Date

APPROVED:

_____ _____
Dean Date