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

REPORT ON FINAL ORAL EXAMINATION

We the undersigned, as the Supervising Committee of _____

report that we have on _____ examined the candidate on the dissertation and
Date
other subjects of the graduate program.

Granting of the degree of Doctor of Philosophy

Recommended	**Not Recommended**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

_____

_____

Approval of recommendation for granting of degree:

By Track Leader (if applicable)

_____ _____ _____
Track Leader Track Date

By Committee on Graduate Studies in _____
Graduate Program

_____ _____
Chair, Committee on Graduate Studies Date

By Graduate Faculty Council

_____ _____
Dean, Graduate School of Biomedical Sciences Date