



Attachment K  
**Graduate School of Biomedical Sciences**  
 The University of Texas Health Science Center at San Antonio

**PETITION FOR ADMISSION TO CANDIDACY  
 for the degree of  
 DOCTOR OF PHILOSOPHY**

\_\_\_\_\_  
 Name of student

\_\_\_\_\_  
 Graduate program

**GSBS Academic Record**

Entered program (Initial term): \_\_\_\_\_ 19

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 _____ _____	_____ _____ _____
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**Research Experience**

Potential for productive and independent investigation substantiated by:

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

_____ _____	_____ _____
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**Admission to candidacy recommended by Committee on Graduate Studies:**

\_\_\_\_\_  
 COGS Chair

\_\_\_\_\_  
 Date

**APPROVED:**

\_\_\_\_\_  
 Dean

\_\_\_\_\_  
 Date



# Graduate School of Biomedical Sciences

The University of Texas Health Science Center at San Antonio

## RECOMMENDATION FOR APPROVAL OF DISSERTATION RESEARCH PROPOSAL AND SUPERVISING COMMITTEE

*Please submit this form with a computer file containing your proposal to the Office of the Graduate Dean. The computer file should be in RTF, HTML or PDF format.*

*(Please type all information below)*

Candidate	Degree	Program
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The Committee on Graduate Studies of the program has reviewed and agreed to recommend approval by the Dean of the dissertation research proposal entitled:

\_\_\_\_\_

Title of Proposal

\_\_\_\_\_

to be conducted by the above candidate in partial fulfillment of the requirements for the degree. Signatures are required for all Committee members except the External Member. **By signing, you attest that you have read and approved the final version of the dissertation proposal and you agree that the proposed work is appropriate for a PhD dissertation project.**

Chair and Supervising Professor (please type)	Dept./Rank	Signature	Institution
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Member (Program) (please type)	Dept./Rank	Signature	Institution
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Member (Program) (please type)	Dept./Rank	Signature	Institution
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Member (Program) (please type)	Dept./Rank	Signature	Institution
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HSC Member (Outside Program) (please type)	Dept./Rank	Signature	Institution
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External Member (Outside HSC) (please type)	Dept./Rank	(Signature not required)	Institution
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Submitted by the Committee on Graduate Studies

Signature, Chair of COGS	Date
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Approved

Signature, Associate Dean of the Graduate School of Biomedical Sciences	Date
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# Graduate School of Biomedical Sciences

The University of Texas Health Science Center at San Antonio

## PETITION FOR ADMISSION TO CANDIDACY for the degree of MASTER OF SCIENCE

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Graduate program

### GSBS Academic Record

Entered program (Initial term): \_\_\_\_\_ 19

Total no. semester hours completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

All required courses completed:  Yes  No

### Qualifying Examinations

Examinations waived

Examinations passed:

Written \_\_\_\_\_ Date \_\_\_\_\_ Oral \_\_\_\_\_ Date \_\_\_\_\_

Signatures of Qualifying Examinations Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Research Experience

Potential for productive and independent investigation substantiated by:

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

\_\_\_\_\_  
\_\_\_\_\_

### Admission to candidacy recommended by Committee on Graduate Studies:

\_\_\_\_\_  
COGS Chair

\_\_\_\_\_  
Date

### APPROVED:

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date



# Graduate School of Biomedical Sciences

The University of Texas Health Science Center at San Antonio

## COMPOSITION OF SUPERVISING COMMITTEE MASTER OF SCIENCE DEGREE

*Please TYPE all information. Submit this form with a computer file containing your proposal to the Office of the Graduate Dean. The computer file should be in RTF, HTML or PDF format.*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Graduate Program

### TITLE OF RESEARCH:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SUPERVISING COMMITTEE:

\_\_\_\_\_  
Chair and Supervising Professor (please type)

\_\_\_\_\_  
Department/Rank

\_\_\_\_\_  
Department Member (please type)

\_\_\_\_\_  
Department/Rank

\_\_\_\_\_  
Department Member (please type)

\_\_\_\_\_  
Department/Rank

\_\_\_\_\_  
Supporting Area Member (please type)

\_\_\_\_\_  
Department/Rank

\_\_\_\_\_  
Signature of COGS Chair

\_\_\_\_\_  
Date

### APPROVED:

\_\_\_\_\_  
Signature, Associate Dean of the Graduate School

\_\_\_\_\_  
Date

#### Distribution:

- Registrar (original)
- COGS Chair
- Student
- GSBS File Copy