

Last Name: _____ First Name: _____

UTD ID: _____ First Sem/Year: _____ UTD Email: _____

Graduate Program: _____ PhD Advisor: _____

I. QE Course Requirements:

QE Part 1 Course Prefix & Number	Course Title	Grade	Semester/Year
QE Part 1 Pass with Condition Course Prefix & Number	Course Title	Grade	Semester/Year

QE Part 2 Public Presentation Grade: _____

Date Completed: _____

II. 30 Graduate-level Course Hours:

30 Graduate-level Course Hours (If admitted with a Bachelor's degree); (QE courses included below)

Course Prefix/#	Course Title	Grade	Semester /Year

30 Graduate-level Course Hours (Satisfied if admitted with a Master's degree)

University	Degree	GPA	Date Received

Last Name: _____ First Name: _____
 UTD ID: _____ First Semester: _____ UTD Email: _____
 Graduate Program: _____ PhD Advisor: _____

III. Number of 8v99 Dissertation hours (minimum 3 semester hours)	
IV. Combined number of 8v70 Research & extra graduate-level course hours (minimum 42 semester hours)	

Total PhD Hrs (min 75): _____

UTD GPA: _____

V. Milestones Agreement Forms (List Years & Semesters per box)

VI. Graduate Committee Appointment Form

Date Approved: _____

Committee Chair	
Co-Chair	
Member	
Member	
Member	
Member	

VII. Doctoral Proposal Examination

Date Passed: _____

VIII. Dissertation

Title	
Oral Final Exam Date	
Time & Venue	

Signatures

 Student Name

 PhD Advisor Name

 Student's Signature & Date Signed

 PhD Advisor Signature & Date Signed