

Rehabilitation Sciences PhD Program

Department of Physical Therapy and Athletic Training, College of Health, University of Utah

QUALIFYING EXAMINATION RECORD

Student Name: _____

Dissertation Topic: _____

ORAL PRESENTATION of dissertation topic and specific aims

_____ Pass Provisional Pass No Pass
Date

Supervisory Committee Initials _____

WRITTEN EXAMINATION

_____ Pass Provisional Pass No Pass
Date

Supervisory Committee Initials _____

ORAL EXAMINATION

_____ Pass Provisional Pass No Pass
Date

Supervisory Committee Chair Signature Date

Committee Member Signature Date

Committee Member Signature Date

Committee Member Signature Date

Committee Member Signature Date

Director of Graduate Studies Signature Date